

**Values in Psychotherapy:
an exploration of their role and function
in professional practice**

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I certify that this thesis is the true and accurate version of the thesis
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Abstract

This thesis explores the values of a group of practicing psychotherapists and examines the function these values have for their personal and professional lives with a view to both clarifying and deepening an understanding of the role of values in professional life and practice. The study is situated within a constructivist framework and also draws on social constructionist perspectives consistent with a socio-historical approach to values within psychotherapy practice in a post modern era. The study is historically contextualised in relation to the place of values in the practice of care, and in respect of a critical review of the role of values in the profession of psychotherapy. Two studies were carried out. The first consisted of in-depth interviews with eleven experienced, practicing psychotherapists, analysed using grounded theory methodology. A second study analysed a therapy session between a counsellor and her client in order to identify the values occurring in the interaction and to explore how these were managed. The results of these studies demonstrate that while the therapists acknowledged the value-laden nature of their practice, they were not aware of how these values impacted on the client, nor were they clear on the extent to which values influence was acceptable and ethical. While they rejected an authoritarian imposed morality, they were committed to the care of others and to their own development which they considered to be moral imperatives. Study two demonstrated that the therapist validated her client's values when these were part of her own personal value system, but that the therapist's values superseded those of the client when there was conflict between the client's values and those of the therapist's theoretical orientation. The implications of these findings for the practice of psychotherapy within a pluralistic culture are examined, and their relevance to the training and development of practitioners is discussed. Suggestions are made as to how the clarification and deeper understanding of values can improve therapist's self knowledge and enhance an understanding of a client's perspective. This thesis provides evidence that values are significantly important in both human life and therapeutic practice and highlights the need to create a coherent conceptual framework of values which is consistent with the prevailing cultural conditions. The thesis concludes that values give meaning and purpose to human life and are essential to human well being so are of significant importance in the profession of psychotherapy.

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1 INTRODUCTION

1.0 Setting the scene

No profession can afford commitment without question. An exploration of the values assumptions within the profession of psychotherapy and of the socio historical context in which they have evolved offers possibilities for a greater understanding of the nature of values and their implications for therapeutic practice.

Psychotherapy and values are inextricably linked. Theories and practices within the therapeutic tradition are infused with values, which, although often implicit, shape our understandings of mental illness and the route to mental health. Claims of value neutrality are no longer tenable and the profession of psychotherapy is faced with the challenge of addressing the role and function of values in professional practice and the problem of how these can be managed to ensure that the values of the therapist do not over ride those of the client.

Such a project was simpler in times when a single system of values was shared by the majority of the members of a society and guidelines for living were relatively clear and explicit. The loss of certainties which is a product of living in a post-modern culture with its confusing plurality of values means that the exploration and clarification of values is an enterprise that needs to be embarked on by all professionals, but especially those in the psychotherapy business, where lack of recognition of the impact of value systems may lead to undue influence on vulnerable clients. Given the importance of values at both a personal and societal level, the professions of psychology and psychotherapy can benefit from a study of the values endorsed by therapists and how these influence their professional practice.

1.1 The importance of values in human life

The intention of Sections 1.1, 1.2 and 1.3 is to set the context for the thesis by introducing, in outline form, some of the ideas that are discussed in more detail in Chapter 2.

Values are, and always have been, an inescapable part of human life. They act as guiding principles which provide standards for evaluating conduct and guiding human behaviour. Values also exert significant influence on our sense of identity in that we usually aspire to be something that we admire and consider worthwhile. In other words, values are what help us decide what is good to do and good to be. However, despite their acknowledged importance in human life, values are not well understood and not well explored. We are apt to take values for granted and they are formed and held without a great deal of prior thought or reflection. One example of this can be seen in the tendency for politicians to make virtuous appeals to ‘family values’ – but questions regarding what these values might be, where they originated or what function they serve is seldom addressed. It is assumed that society all share in an agreed set of ‘family values’.

Values have three possible sources – biological, sociological and personal experience. Biological values are thought to be a result of genetic needs such security, belonging, competence and purpose. Sociological values are those values which are required for people to live together in an agreed manner and are usually shared by a group or culture. Personal values are those values which have been selected from the social values on offer in a particular culture and form a personal system which orients individuals towards what is important for them and which provides a framework for choices and behaviour.

Table 1 Sources of values

Source	Example of value	Function
Biological (generic human needs)	Altruism, care.	Survival of the human species
Sociological (cultural values which indicate what a group consider good ways of living together)	Co operation, belonging, loyalty, reciprocity.	Provide shared concepts of goodness/ badness which enable people to live in societal and family groups
Personal (selected from cultural values)	Provide individual standards for evaluating conduct Form identity Motivate	Honest, respectful, hard working, caring.

Many biologists argue that values are a result of human needs and that the need for relationships, competence, mastery and care are all genetically wired into the human species. However, although those of a more sociological perspective agree to some extent with this, they argue that it is society that determines how these needs or drives are expressed. Sociological evolution is considered no less miraculous than biological evolution. Values which served group needs were incorporated into cultural norms and those which did not serve group needs were eradicated. As societies developed so the need for shared norms and standards became apparent, and systems evolved to ensure that group behaviour was controlled and sanctioned. Values such as care and altruism were beneficial to group survival and so these became part of a human value system and were promoted and encouraged by the political and religious systems of the time. Values such as loyalty, obedience to authority, and conformity were also promoted because they maintained a malleable and cohesive society and also preserved the power of exclusive elites.

However, times changed and social movements in Western Europe questioned the hierarchical nature of society and rights of powerful elites to determine the values that people should live by. Values such as freedom, equality, respect for humankind,

education and knowledge superseded many previous values and became embedded in cultural practices and human aspirations and influenced conceptions of what 'a good life' should be like. A 'good life' in medieval Scotland would have looked very different from the expectations of the good life in contemporary society.

The values that are embedded in post modern society are products of the social history of Western Europe. Cultural values have been transmitted throughout the ages, some have been jettisoned, others modified and new ones have been created. What was considered sinful a hundred years ago may have little significance in today's society, but new concerns have arisen such as animal welfare and ecological preservation would not have been considered important in past eras.

It is from the array of cultural values available at a certain time in history that personal values are created. An individual chooses from those values on offer, the ones that best serve his needs and aspirations, guide his behaviour and define who he is and wants to be. The sum total of the values which a person chooses forms a value system which is relatively stable over time and is an important factor in establishing and maintaining integrity. People strive to behave in ways which are consistent with their value system and deviance from it can result in guilt and shame while being true to it can generate self worth and satisfaction. So values can have a powerful effect on emotions as we are apt to feel strongly about what is important to us. While the emotional aspect of values is acknowledged as important, this study does not address it in any depth as the study could not do justice to the complex nature of the phenomenon.

The meaning which values have in society has changed over the centuries. Conceptions of goodness such as obedience and loyalty which were esteemed in the past, have given way to the values of independence and autonomy as society's values change in an effort to adapt to political and economic trends. Values such as pride and ambition, once considered sinful in a religious era, are now admired and encouraged in a culture which stresses achievement and individual development. So the values which are embedded in contemporary society are fragments from our historic past, modifications of older values and new priorities which are in keeping with twenty first centuries ideas and trends.

Our first experience of values originates in our family of origin. Transmitted values such as obedience, cleanliness, honesty and hard work are internalised by a child without question as reflecting truth and goodness. It is only when an individual's acquired value system does not 'fit' with his or her circumstances that s/he is challenged to evaluate the values that were previously accepted as guides for goodness. Although value clashes may occur throughout childhood, the process is apparent in the experience of 'leaving home' – a cultural ritual in western society where a person is expected to find his or her own niche in the world. Often the constricted value system that served them well in the family of origin is challenged by new situations which demand other concepts of goodness and different ways of adapting to new circumstances. This experience is referred to as disjuncture and is a result of conflict between the values which the individual has considered important and the demands of a new situation. So, a high value on personal relationships, commitment and belonging often clashes with the growing need for independence and autonomy. Faced with this dilemma, an individual either chooses to constrict his choices and behave according to previously held values or elaborate it to explore and experiment with new choices, identities and behaviours.

1.2 Morality in a post modern society

Moral values are those which help a society to live together in a way that ensures the well being and protection of its members. Different societies at different times had their own concepts of what were considered moral values and the radical changes which have occurred over the centuries makes it difficult for people in the twenty first century in Western Europe to conceptualise the moral reasoning in some of the inhumane treatments documented in history. When moral values were established by a religious system of the time which regarded obedience and conformity as significant moral obligations, then punishment for deviance from these was considered morally justified – and even virtuous.

The decline of religious doctrine and the rejection of many of the grand narratives which previously prescribed what was good and what was not, has brought about a significant degree of confusion and controversy. Previously a single (monistic) value

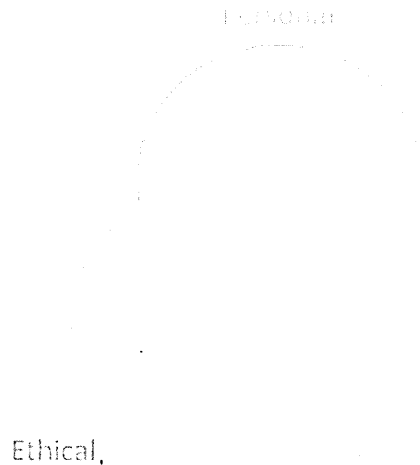
system prescribed the standards and norms to which society was expected to conform but this has been superseded by a pluralistic system of values which is wary of truth claims and absolutist values and advocates acceptance of difference and tolerance of divergence. Consequently there is now no objective standard by which to clarify what is considered 'moral' and no institution has the authority to impose such standards on the population. The concept of morality, having come adrift from its theological moorings has now to find an alternative anchorage.

However, issues of right and wrong are deeply embedded in the thinking of humankind so new ways of conceptualising morality are called for. If the concept of morality no longer reflects normative religious prescriptions for living, then the question arises of what ways of being and doing can be described as moral. Morality may be defined as visions of the good, but it is not always clear whether or not such visions are shared by the population in general, or who determines what is 'good'.

1.3 Ethics, morality and values

Psychotherapy has been acknowledged as a moral enterprise in that it is concerned with human welfare and its professional ethical code demands a high level of moral commitment from practitioners. An ethical code is a system of values which are chosen from cultural values and which enable a business, agency or profession to best fulfil its aims and its role. It is concerned with issues of right and wrong conduct within the context of its stated aims and purposes and stipulates rules within the practice of a specific organisation. Membership of an organisation or profession entails subscribing to the relative ethical code. Each ethical code prescribes the conduct which is expected of its adherents and can impose sanctions on those who breach them. However, ethical codes differ in their prioritising of values according to their aims and goals, so the ethical code for psychotherapists will stress different values from that of a military organisation. The subject of ethics significantly overlaps with that of morals and values and although this study focuses on the subject of values rather than ethics, it acknowledges that ethics are an important factor in professional life and values and ethics are very difficult, if not impossible to separate.

Figure 1 Ethical, Moral and Personal values



1.4 Values in psychotherapy

Having outlined a general description of values, their source and function, it is now possible to introduce the issue of values within the profession of psychotherapy, which will be further discussed in Chapter 3. The terms psychotherapy and counseling are used interchangeably.

Psychotherapy evolved in an era where science held sway and in a search for scientific credibility, psychology and psychotherapy claimed an objectivity and value neutral approach which cannot now be sustained. Gone are the days when a value neutral therapist was valued; now it is recognised that values are an inescapable part of the therapeutic process and the challenge to practitioners is to identify the cultural, professional and personal values that exert an inevitable influence on their interactions with their clients. As argued previously, culture prescribes a view of what is considered to be the 'good life' and this varies with the socio historical eras. Linked to the concept of the good life is the notion of mental health, the criteria by which society evaluates what is considered normal behaviour and what is pathological. The concept of what is considered 'normal' is a product of the time and

location in which the behaviour occurs. The prophets of the Old Testament would no doubt be considered pathologically disturbed if they were evaluated in contemporary society just as the practice of homosexuality was considered pathological until a few decades ago.

1.4.1 Values in theoretical models

Psychotherapists are not only influenced by the values of the dominant culture in which they practice, they are also influenced by the values of the theoretical orientation in which they trained. Each model has its own idea as to what constitutes the good life and how a person should go about attaining it. A psychodynamic model emphasises hidden motivations, internal conflicts and ego defence strategies and advocates emotional expression and an understanding of the early childhood origins of the problem. Person centred therapy maintains that the cause of human distress lies in the need to establish conditions of worth which makes individuals dependent on external validation and prevents them being true to themselves. The remedy within this theory is emotional expression and an experience of unconditional positive regard which, it is maintained, will encourage a client to find his true self and live more authentically. Cognitive Behavioural Therapy connects beliefs, feelings and behaviour and maintains that problems in human living occur when an individual's behaviour reflects beliefs which are not helpful to living as he would like. CBT practitioners aim at helping to clarify the beliefs which are blocking the individual's progress and by encouraging a change in those beliefs and consequently on behaviour.

Each theoretical model prioritises those values which support and validate its position and its notions of what causes problems and what cures them. Aspiring therapists are likely to be attracted to a certain model because of its resonance with their personal values. People who place a high value on curiosity and complexity may find that a psychodynamic model appeals to them; those who prioritise relational values will be attracted to person centred therapies while a CBT orientation will be the choice of those who value pragmatism, equality and rationality.

In this study the values inherent in the concept of mental health and illness and those of the chosen theoretical orientation will be classified as professional values in order to distinguish them from cultural and personal values although it is acknowledged that there is significant interplay between all.

Table 2 Examples of values in three theoretical models

Model	Values/Goals	Process
Psychodynamic	Insight and understanding Curiosity Complexity	Exploring the unconscious Identifying hidden motives Transference
Person Centred	Authenticity	Emotional expression
C.B.T.	Pragmatism Reason	Linking beliefs, behaviours and feelings Experimenting with change

1.4.2 The influence of values on practice

Psychotherapy is inextricably linked to human values. No psychotherapist is immune to the values of the culture in which s/he practices or to those of the theoretical models which provide a meaning of health and illness and proscribe the processes and strategies that will alleviate distress. So therapists engaging in the practice of therapy inevitably express the values of the culture in which they are embedded, the values of their theoretical orientation and their own personal values.

1.5 The values dilemma in psychotherapy

Acknowledgement of the value laden nature of psychotherapeutic theories and practices has posed a problem for the profession. There is a substantial body of evidence (reviewed in Chapter 3) that supports the claim that therapists’ values will influence clients whether or not the therapist intends this. Other research argues that some therapist evaluate success by seeing evidence of the client’s values moving in the direction of those of the therapist.

It is possible to argue that the question the profession has to address is not whether values influence therapy, but *which* values should influence practice. Many practitioners assert that clients' values should frame goals and direct processes but this may not be feasible within the values and theories of the various orientations. How does a therapist whose personal and professional values differ significantly from those of her client attune her values to those of her client? Critics accuse psychotherapies of presenting and promoting their conceptions of the good life as superior ways living and of promoting a set of values which are seldom defined or explicit.

1.6 Layout of the thesis

Chapters 2 and 3 of this study explore the literature on values. Chapter 2 begins by presenting an argument for the importance of values in human life and offers theories for their source in biological and socio historical evolution. It then goes on to explore the sociological evolution of values from their origins in Greek thought through the religious and scientific eras of western history and the implications of these changes for the concept of morality.

Chapter 3 addresses the story of values within the cultures of healing that have been practiced in Western Europe throughout the centuries and describes how each era gave rise to its own concept of the good life and attuned its caring practices accordingly. This is illustrated by an account of the history of the practice of care in Scotland over the centuries. From this socio historical perspective, the chapter proceeds to review the literature which addresses the issue of the role of values in psychotherapy and the influence of values on professional practice.

Chapter 4 explains the methodological issues and choices made in order to explore the issue of values in psychotherapy and provides an explanation of the constructionist / constructivist orientation adopted and of the qualitative paradigm used. It proceeds to elaborate on the constructivist theory which guided interpretations and analysis and describes methods of data collection, computer software used as well as the ethical issues and constraints addressed. This chapter

also incorporates a reflexive exploration of the personal meaning and significance of the study, for the researcher.

Chapters 5 and 6 report on the findings of two empirical studies. Study 1 explored the therapists' journeys to a professional identity and identifies the values which were implicit and explicit in their choices. Findings included the commonality of the experience of disjuncture as values conflict, the importance of role models in modelling a desired identity and the lack of clarity around the concept of values and the relegation of moral values to the private sphere.

Study 2 reports in detail on a therapeutic interview between a therapist and her client. It highlights the values issues and responses to them which occurred during the process of therapy and analyses the degree of attunement between therapist and client on value issues and identifies how the therapist's values influence her interactions.

Chapter 6 brings the findings together and discusses them in relation to the literature and research findings reported in Chapters 2 and 3. It highlights the need for values awareness in the lives of both practitioner and client and proposes a new focus on ways of clarifying and understanding values within therapeutic practice which is compatible with a post modern culture and its pluralistic values.

2 PERSPECTIVES ON THE CONCEPT OF VALUES: A REVIEW OF THE THEORETICAL AND EMPIRICAL LITERATURE

The concept of values has been defined and understood in contrasting ways by different theorists and researchers at different points in time. To understand the significance of debates around the role of values in psychotherapy, it is necessary to be able to make sense of these debates within a broader context. The aim of this chapter is to provide an outline of that broader context by examining conceptual, historical and research-based perspectives on the context of values.

2.0 The importance of values in human life

Although the concept of values has received significant attention from philosophers, psychologists and theologians, there has been little consensus regarding its origin, function and definition in the lives of human beings. However, one aspect on which all agree is that values are of prime importance in the lives of human beings. Values are considered to be among people's most important beliefs and occupy a central position in a cognitive network of attitudes and beliefs. George Allport (1961) considered values to be the dominating force in life, influencing peoples' perceptions, choices and world views and this importance is also attributed by Fekete (1988) who argues:

“No aspect of human life is unrelated to values, valuations and validations. Value orientations and value relations saturate our experiences and life practices from the smallest established microstructure of feeling, thought and behaviour to the largest structures of organizations and institutions” (pi).

Values are also related to psychological well being according to Kasser & Ryan (1996) who report that people who pursue intrinsic values achieve higher levels of self actualization and show higher overall global functioning. Allport (1961) argues that:

“Personal values are the dominant force in life and all of a person’s activity is directed toward the realisation of his values.” (p543)

2.1 Lack of awareness of values

However, although values form an essential part of our personal and social lives and no aspect of human living is free from the influence of value judgments, values often remain below the level of awareness as taken for granted assumptions and habitual practices in everyday life. Writers such as Triandis (1979) and Maio & Olson(1998) maintain that despite their importance in the lives of human beings, values can be held without a great deal of prior thought or critical reflection thus making the measurement of values a challenge for researchers.

2.2 Problems of definition

One of the reasons cited for the neglect of the study of values has been the problem of definition and difficulties in conceptualization:

“ Few concepts are bandied about more liberally in popular, normative and explanatory scholarly discourse than that of values” (Hechter 1993 p 1).

Research into the phenomenon of values is fraught with difficulties, both in its definition and in its measurement. Over ninety years ago Perry (1914) observed:

“One cannot collect values as one collects butterflies, and go off into one’s laboratory with the assurance that one holds in one’s net the whole

and no more than the whole of what one seeks. There is no perforation around the edges of values to mark the line where they might be detached!” (Perry 1914 p141).

This dilemma has endured over the years and psychologists and philosophers have added to the general debate in their own way and with a focus on their own disciplines. Consequently, the subject remains one of complexity, confusion and lack of clarity.

Values are associated with preferences, attitudes, needs, interests and motives, and according to Smith (1969):

“We talk about too many different things under the one rubric” (p97 - 98).

Much of the difficulties in defining and measuring values are due to the abstract nature of the phenomena and their separation from the context in which they can be observed. An attempt by Spranger (1928) to identify major value types of personality is criticised by Allport (1961) as too difficult to translate into measurable dimensions and he proceeded to develop his own scale which he claimed helped students to identify their own values hierarchies. However, Allport restricted his categories to those of Spranger’s ideal types and questions were imposed on participants from a preconceived perspective.

2.3 Definition of values

Murray (1938) proposed that values were the cognitive representation of internal needs mediated by external pressures. According to Goffman (1959) values serve as standards to guide to the positions we take on social ideologies and to guide self representations, while Festinger (1954) claims that values are used as standards to judge ourselves and others by, to compare ourselves with others with respect to competence and also with respect to morality.

Kluckholm (1951) defined a value as:

“a conception, explicit or implicit, distinctive of an individual or characteristic of a group, of the desirable which influences the selection from available modes, means and ends of action” (p395).

Smith’s (1969) definition stresses the role of choice when he describes values as:

“selective behaviour in which a person chooses, rejects, takes interest in, approves, disapproves – with respect to a physical, social or ideal object”(p100).

Rokeach (1979) was influenced by Kluckholm’s definition in proposing that:

“the ultimate function of human values is to provide us with standards to guide us in our efforts to satisfy our needs and at the same time, maintain, and insofar as possible, enhance self esteem, that is to make it possible to regard ourselves and to be regarded by others as having satisfied socially and institutionally originating definitions of morality and competence” (p48).

Although Schwartz (1992) was influenced by Rokeach’s findings he criticised Rokeach’s studies for their focus on relationships with single values and argued that categorising values as types as an integrated system could better predict human behaviour than could the single value theory.

Taking all of these perspectives into account, this study has adopted a working definition of values in the following terms:

“desireable, transitional goals, varying in importance and hierarchically ordered that serve as guiding principles in people’s lives.”

However, this study argues that values should be studied within the context in which they are enacted and that values can change from one situation to another – the value of honesty may be important in one situation but unwise in another. The study of values in isolation from the context in which they arise is criticised by Seligman and Katz (1996) Walsh (1995) and Williams and Levitt (2007) and this thesis follows their recommendation to identify and understand values within the context in which they occur.

2.4 Value studies

Spranger (1928) defined six major value types which he claimed would appeal in varying degrees to different individuals who would build their lives around them. His typology, however, is confined to ideal types rather than actual persons. His six types of values categorisation was the basis for the Vernon & Allport (1931) values measurement scale: theoretical (discovery of truth), economic (what is most useful), aesthetic (form, beauty, and harmony), social (seeking love of people), political (power), and religious (unity).

Morris (1956) was one of the first researchers to attempt to systematically study and define values. He defined values as preferential ways of life which were derived from leading world ideologies and his categories stressed concern for others, self control, group activity and enjoyment and integration and diversity. His study was carried out with young people and was criticised by Brewster Smith (1969) and Kelly (1990) as being more ideological than psychological.

Tjeltveit (1991) attributes the lack of clarity regarding value definitions as a result of psychology's strivings for scientific credibility which resulted in values being regarded as too subjective and therefore not appropriate as a topic for scientific study. From a psychotherapeutic perspective, Strupp (1980) observed that:

“We don’t know how to research the problem of values in therapy”(p397).

However, the rise of humanistic and existential psychologies in the 1950s encouraged a revival in interest in the subject of values and an expanding global world demanded more attention to values as cultural and historical phenomena.

The Rokeach (1973) value survey (RVS) has been used in many studies of values in psychotherapists and other groups. Rokeach measured value systems by asking participants to rank order a list of values according to how important these were as guiding principles in their lives. He distinguished between terminal values – the ultimate ends of human behaviour -- and instrumental values – those which could be employed to attain these ends. His results demonstrated high test / retest reliability and statistical validity but Seligman & Katz (1996) suggest that Rokeach’s quest for a stable value system may have been more influenced by participants’ need for integrity and self-coherence over time and across situations.

Schwartz (1992) modified Rokeach’s original questionnaire and favoured rating rather than ranking values and he considered that there were not sufficient grounds for discriminating between terminal and instrumental values. This modified measuring instrument, now known as the Schwartz Value Survey (SVS) was applied in sixty seven countries (Schwartz 2005a) and Schwartz concluded that there were ten basic values which were common to humankind: achievement, benevolence, conformity, hedonism, power, security, self-direction, stimulation, tradition, and universalism. He maintained that the expression of these values was significantly influenced by cultural beliefs, practices, rituals and history. He argues that historical events, physical ageing and life stage have a major impact on the formation and reformation of values within all cultures and that values serve both biological and social needs. Within Schwartz’s theory, values serve basic human needs and it is the drive to fulfill these needs that makes them valuable.

Schwartz claims that there are three universal requirements of human existence – biological needs, requirements of social interaction and demands of group survival and functioning. His theory identifies ten distinct types of values derived from these universal requirements and Schwartz claims that the results of his values

questionnaire in various cultures strongly suggest that such values are universal although their expression is likely to be context specific and influenced by culture, age and life stage.

2.5 Values in context

Many of the values studies cited here have all conceptualised values as abstractions which could be measured in isolation from other values. Seligman & Katz (1996) have challenged the traditional view of value systems as a single ordered set of values and argue that value systems are dynamic rather than static and creatively applied in various situations rather than rule bound. They maintain that values are framed by specific issues rather than directed by a single system.

Within the field of psychotherapy, Walsh (1999) recommends that values should be studied within the context in which they occur rather than in isolation and this view is supported by Tjeltveit (1999) who argues that the cultural context of a specific value can be very important. Schwartz & Bilsky (1990) found that the meanings that values had for people varied according to their cultural context and Tjeltveit (1999) concludes that values should not be sundered from their cultural context as the setting in which values are enacted since individuals are likely to construct different value systems in different situations.

The research studies of Schovholt & Jennings (2004), Hoshmand (1998) and Williams & Levitt (2007; 2008) have explored the values of psychotherapists and have carried out these studies within a therapeutic context, using a qualitative paradigm in which to frame and analyse their findings. The values cited in these studies are explicitly relative to the context in which they are explored but can claim only a restricted applicability.

2.6 Summary

This section of the thesis has argued for the importance of values in human life, and has discussed the difficulties, disagreements and complexities of measuring values.

In a search for a deeper understanding of the phenomena, the search now orientates to an exploration of the sources of values the function these served in their respective eras, and the legacy they have transmitted to our present day understanding of values.

2.7 A socio-cultural perspective on values

The following sections of this literature review chapter begin to move beyond strictly psychological approaches to the understanding of values, in order to encompass a broader socio-cultural perspective. Where relevant, the implications for psychotherapy of these broader perspectives are briefly outlined, as a means of preparing the ground for the more detailed examination of the role of values in psychotherapy that is offered in Chapter 3. The present chapter also explores the function of religion in the evolution of values in western society, and concludes by examining the role of values in contemporary culture and the challenges of a post modern ethos.

2.8 The Genesis of Values

The concept of values as understood in contemporary society did not come into everyday usage until the nineteenth century. Throughout the history of mankind, however, values and valuations have always formed part of human life, and have been transmitted from one generation to another, either by genetic inheritance or by cultural tradition. These values have had significant influence on how human beings live their lives both at a personal and at a collective level.

The story of values is told both from both a biological and sociological evolutionary perspective, and suggests that both biology and culture are instrumental in the formation and transmission of values. Explanations as to the genesis of values can be regarded as arising from three sources:

Table 3

Biological	Emphasis on the adaptive value of natural selection (Campbell 1979)
Sociological	Focus on social learning (Bandura 1971)
Socio biological	A dual system approach which takes account of both biological and social sources (Wilson 1975)

2.9 Biological values

Biological explanations of human values maintain that their determinants lie primarily in the human gene structure. The idea of values presupposes the existence of systems capable of evaluation, and evolutionary theorists such as Hechter et al (1993) argue that natural selection and goodness of fit were the major evaluation systems as to what would be included, preserved and transmitted by human genes.

...”the only process that could evaluate alternative states was natural selection which constantly and mechanically evaluates alternative heritable traits according to their effects on inclusive fitness” (p266).

Such theories maintain that human behaviour is a result of genetic codes, neurological connections and innate traits or dispositions which are hard wired into human genetic structures to enable the survival of the human species. A biologically based values system emphasises the role of the genetic transmission of values or instincts which are, or have been, necessary or useful for human survival – and are therefore regarded as valuable. Values arise in the process of human evolution and ensure the survival of those aspects of life which are useful in the progression of human development.

Traits such as altruism and selfishness, competitiveness and cooperativeness are regarded as having survival value for the human species and therefore naturally valued and selected to be transmitted to subsequent generations. This argument maintains that traits, such as altruism and aggression, which enabled humans to adapt to their environment were valued and retained, while less useful traits declined and died out.

2.9.1 Biological values in psychology

Early psychological theories were influenced by Darwinian theories of evolution and genetic transmission. The intelligence theories of Burt (1972) and the drive theories of Hull (1952) were based on the belief that genetic endowment was the primary explanatory theory of human behaviour.

Spencer (1864 / 2009) maintained that the concepts of 'goodness' and 'fitness' were equivalent and so advocated that people, left to their own instincts, would balance their competing needs, desires and impulses with values such as benevolence on the part of the rich and compliance on the part of the poor, thus establishing a balance in society. This theory reflects many of the aspects of capitalism and remains part of the economic and political structure of contemporary society. However, evolving notions of egalitarianism, justice and respect for all arose to challenge the aspects of Spencer's theory which were associated with notions such as white supremacy, imperialism and class distinction which conflicted with new democratic values.

2.9.2 Biological values in psychotherapy

Many of the theoretical orientations operating in contemporary society are influenced by biological values. Instinctual drives, human potential and rationality are concepts which are largely explained by biological values and which are significant principles in explaining human behaviour within therapeutic theories.

Freudian theory relies heavily on a theory of biological values, propounding a view of human nature as being one of conflict between the instinctual drives of securing

pleasure and avoiding pain. The notion of defences, the unconscious and transference are rooted in a belief that man's behaviour is significantly influenced by his biology. More recent developments such as neuroscience and neural transmitters are compatible within the psychodynamic tradition.

Many aspects of both cognitive and behavioural therapies subscribe to notions of biological values. Concepts embedded in cognitive behavioural therapy reflect an ontology of human beings as rational creatures (Ellis 2001) which claims that reason is both innate and optimal in human functioning.

Concepts such as stimulus and response, conditioning, schema and genetic inheritance are borrowed from biological theory. Diagnosis of difficulties as a result of chemical deficiencies, disturbances in neurotransmitters or genetic structure and the use of drug treatments to correct chemical imbalances are all evident in the practice of CBT. Humankind's ability to acquire language, to learn, to reflect, and to make meaning are important biological features as well as is the importance of the innate nature of goal setting and strivings.(Klinger 1998).

Humanistic theories such as person centred psychotherapy, also resonates with biological values. Maslow (1968) proposed that certain needs are inherent in human nature and when arranged in hierarchical order, illustrate the evolution from the basic human need for survival to a more altruistic need to contribute to another's welfare.

Rogers (1961) believed that true values are the authentic expression of a person's nature. Self actualised people live by the values they discover within themselves. Both Rogers and Maslow believed in a system which focuses on universal values which arise as a result of getting in touch with their authentic nature.

“Human nature carries within itself the answer to the question: how can I be happy? How can I be fruitful?”(Maslow 1987 p60).

2.10 Sociological values

Sociological theories of human values argue that, having served their purpose in ensuring the survival of the species, biological values are now superseded by cultural values, retained through purely social modes of transmission. Nature and natural selection by means of genetic transmission, have been replaced by social and cultural patterning which enables people to live together in communities. Within this perspective, values are formed within a specific culture and are a result of social learning. Culture is contrasted to biological nature and takes precedence over it. Rolston (1999) argues that the beliefs and values we come to hold depends more on education than it does on genes; what one learns depends on opportunities to learn.

“Whether and why activities are valued is a matter, not of natural laws, but of cultural contingency” (1993 Schwartz p158).

2.10.1 Sociological evolution

In contrast to natural selection theory which stresses the genetic transmission of values, a socio-cultural theory of values focuses on man’s adaptation to his environment and the role of cultural institutions in the transmission of values.

A cultural perspective on the origins of values argues that these are formed as a result of socio historical factors which operate at different times and in different cultures:

“Living in a particular time and place determines what can be known and therefore what can be valued” (Mandler 1993 p229).

Since the human environment is largely organised through interaction with other people, many of the values which regulate a culture emerge within a social context.

2.10.2 Sociological values in therapy

Francher (1995) argues that the existence of the profession of psychotherapy is a result of social dynamics and this position is supported by that of Frank & Frank

(1991) who claim that modern psychotherapies are rooted in the traditions of healing passed down over the centuries.

Browning (1987) maintains that Freud's psychoanalytical thinking was a product of western culture and that its influence on western society is still apparent. Although Freud did not pay much attention to culture and its influences, Reiff (1987) and Furedi (2004) claim that it was Freudian theory that introduced the concept of psychological man into the language and thinking of western life. An understanding of humankind in terms of instincts, tendencies and needs based on the knowledge accumulated through observation was regarded as scientifically valid and embraced by many of the scholars of his time. However, Atwood & Stolorow (1993) point out that Freud's understandings reflected his own intellectual and historical context and that the pathway which his theory followed is partly determined by his own life history – his early experiences and his position as an inner directed man striving for scientific credibility and success.

Psychodynamic theory has been influenced by many other theories since its early inspiration in Freudian tradition and its values reflect those of the wider culture in which it has evolved. Self understanding, the ability to interpret one's life in terms of inner conflicts and the identification and management of defence strategies were regarded as routes to mental health. According to Furedi (2004) this theory fits well with cultural attitudes and expectations and provides an explanation for human difficulties and struggles and encourages individuals to withstand social pressures and external influences.

Sociological values can be recognised in the behavioural theories of Skinner (1953), and the social learning theories of Rotter (1966) and Bandura (1977) For such theorists, learning rather than innate biological structures is the primary force in determining and explaining human behaviour and the nature / nurture controversy favoured the influence of environmental conditions. Consequently cognitive behavioural theories came to view problems in living as a lack of fit between an individual and his environment.

2.11 A dual inheritance

E.O Wilson (1975) and others proposed that social evolution was a harmonious extension of biological evolution and that humans lived under a dual inheritance system.

These theorists maintained that complete independence from genetic capabilities is impossible, and theorise that evolution produced humans with brains inclined to culture.

There remains, however, an unresolved debate over which source of values has the greater influence on human behaviour. Alexander (1987) (quoted in Rolston p121) argues that:

“It is always true that the cumulative history of natural selection continues to influence our actions by the set of genes it has provided humanity” (Alexander 1987 p23).

Other theorists, while not entirely dismissing the significance of biological inheritance, claim that the genes which made possible the development of human consciousness, language and the capacity to form communities, have been replaced by a new level of causation in the form of social interaction with its own laws and its own nature. While evolution may have produced human beings with brains inclined to culture, it is left to culture to provide a context for the expression and control of those human needs. Rolston (1999) argues :

“Culture must be superimposed on human biology by meeting some of the basic or higher needs. Culture must both express and control human needs and emotions and provide a context for fulfilling the needs of achievement, aesthetics, religious expression etc. It must promote and protect, provide opportunities and boundaries in the form of social norms.” (p114).

2.12 The meaning of values

In contemporary society the concept of values indicates what is important in peoples' lives and is defined as guiding principles which help evaluate and make choices, and provide direction. They are considered to be a product of biological inheritance, societal demands and psychological needs and have served various functions throughout history.

2.12.1 Values as measurement

The use of the term 'values' as used in contemporary culture is a relatively recent, modern phenomenon. According to Rohan (2000) the original word appeared first in 1303 and referred to the fairness and equivalence of the amount of a commodity in an exchange, and by 1398 it had come to mean a standard of estimation. The use of value as a verb was used to describe the act of appraising the worth of an item in terms of its exchange value.

2.13 Values as indicators of the good life

An understanding of the socio cultural basis of values can be facilitated by an account of how values were embedded in the beliefs and behaviour of previous generations and how these formed the basis of notions of the good life and how it could be achieved. From pre modern to post modern times, values have been adapted and modified according to the prevailing cultural beliefs and customs and the values of each era reflects what was considered to be important in the lives of the people of the time. A post modern culture will have its own concepts and understandings of what comprises a good life and these are likely to reflect the values of individualism and autonomy which, according to the European Values Survey (EVS) are the dominant values in Western Europe.

Table 4 Concepts of the Good Life in history

Era	Good Life	Cultural Values
Ancient Greeks	Human flourishing	Courage Loyalty
Religious	Living according to divine principles	Obedience Conformity Humility
Enlightenment	Freedom from oppression Dignity of Human beings	Knowledge Respect Equality Justice
Scientific/Modernist	Finding truth by scientific exploration Elimination of human problems Control of behaviour	Objectivity Knowledge
Post Modernist	Freedom of individuals Right to choose	Independence Autonomy

2.13.1 Values as virtues

The meaning which the concept of values has in contemporary society is related to an older concept of virtue and can be found as far back as the ancient Greek society and the philosophy of Aristotle and had explicit moral overtones in that it defined what is considered good to be and good to do as obligatory for human and societal flourishing.

A virtue is defined as a trait or a characteristic which is socially valued. The writings of Aristotle which emphasised virtues were possibly the first general conception of what would be described in contemporary language as a moral scheme in that it consisted of shared notions of rules and norms about human nature. Aristotle assumed that there was a universal aim in life which involved human flourishing and pursuit of the good life. McIntyre (1984) describes this as a teleological scheme with a clear demarcation between ‘man as he happens to be’ and ‘man as he could be if realised his essential nature’. Virtues were what enabled man to transcend his present state and make the transition to a more desirable, noble state. The purpose of life

within this scheme was about knowing how to realise one's true nature and reach one's true end. Echoes of these concepts can be detected in the self actualisation theories of Maslow and Rogers and their emphasis on finding one's true self and living authentically.

2.13.2 Values as optimum human functioning

Aristotle stressed the importance of reason in attaining optimal levels of human functioning. Reason, according to Aristotle was the main ingredient of a human life, the defining character of human beings and the factor which distinguished human beings from the rest of creation. So for Aristotle, the good life consisted of the best possible use of all human capabilities – reason being the central among these. He advocated that humans should cultivate all aspects of their humanity while realising that these had to be orchestrated by reason. Aristotle divided reason into theoretical wisdom and practical wisdom. Theoretical reason was about reflecting on unchangeable truths while practical reason was to do with consideration and choice in matters that can be changed. It is the exercise of practical wisdom that Aristotle considered to be the fundamental way in which human rationality expressed itself. These concepts are discernable in cognitive behavioural theories with their emphasis on reason and pragmatism.

2.13.3 Platonic values of reason and mastery

Plato refuted many of Aristotle's ideas. He did not consider virtue to be attained either in public life activities or in excelling in warrior activities. For Plato, the higher life was ruled by reason, and reason is defined in terms of a vision of the order of the cosmos and of the soul. Within his thinking, purity, order and the unchanging nature of the cosmos are the forces which subdue desires or passions with their tendency to excess, insatiability and fickleness. Plato sees the good life as one in which reason rules over desire and mastery of the self is an essential component in attaining it. Such an aim requires self control and the management of conflicting desires and resonates with contemporary cognitive behavioural practices.

2.13.4 Social functions of values in Greek culture

One of the key features of the virtues in Greek culture was the extent to which these virtues served the structures of the existing society. The emphasis on the virtue of courage helped to sustain the warrior and heroic class, as well as households and communities. Being courageous was allied to being reliable, so it was important in the concept of friendship. Loyalty was also an important virtue, especially on the part of women who were often left to maintain kinships and community when wars and invasions necessitated the absence of the warriors from the homestead. The heroic image was an ideal which contributed to the maintenance of the existing norms and standards of the prevailing culture. Cushman (1995) Smail (2005) and Szasz (1974) all question the role of psychotherapy in contemporary culture and its contribution to maintaining political and economic conditions and for creating a demand for its services. They accuse psychotherapy of presenting theories as facts and promoting views of the good life which have replaced previous religious and political frameworks. (Woolfolk 1999).

2.13.5 The immutability of values in Greek thought

However, one important difference is apparent in the distinction between virtues and values. The idea of exercising any choice in the selection and attribution of virtues would have been incomprehensible in Aristotelian society. Virtues are those predetermined qualities which sustain a man in his role and which are evidenced in the actions which sustain this role. This concept has resonated over the years in the ontological assumptions and deterministic aspect of psychological theories which assert that genetic and biological influences are the prime determinants of human behavior. However, the rise of the values of individualism and autonomy have favoured the view that human beings have choices and are not necessarily the victims of their genes.

2.13.6 The self in Greek thought

The self which was conceived within the context of Greek thought was a social creation – not an individual one. The notion of a self was defined by the role and responsibilities which were a result of one's place in the universal scheme of things. From an Aristotelian viewpoint, norms are not to be founded legalistically but on a conception of human flourishing with virtue as its centre. It was this framework which made sense of the human quest for self knowledge, meaning and purpose and Mair (1985) suggests that :

“this quest has been renewed over thousands of years in different ways and we are again at a beginning” (p13).

2.13.7 Self knowledge – the inner journey

Both Plato and Aristotle believed that a deep and thorough understanding of oneself was essential in order to claim a virtuous life. This notion was adopted by Augustine who promoted the idea of truth being found within the self and provided the first systematic account of the exploration of private and subjective experiences as a means of discovering important truths.

“Men go to gape at mountain peaks, at the boundless tides of the sea, the broad sweep of rivers, the encircling ocean and the motion of the stars: and yet they leave themselves unnoticed: they do not marvel at themselves” (Augustine quoted in Woolfolk; 1998; p 60).

For Augustine, it was the possession of an inner life that distinguished humans from animals, and so the idea of an inner life was introduced into Christian thinking, although at this time, the purpose of self reflection was in order to bring one closer to God which was considered to be the successful fulfillment and reward of the good life.

2.13.8 Self understanding in Greek thought

Although Aristotle and the Greeks advocated the search for self knowledge and knowledge of human nature in general, this knowledge was to be pursued for ends that transcended self interest and self knowledge as an end in itself. Self exploration was the pathway away from evil towards the divine world of the spirit. Moral excellence, social harmony and rationality were some of the important values to be sought in the pursuit of self knowledge. Sorabji (2006) claims that:

“Plato treats reason or intellect as if it constitutes the essence of the person. In doing so, Plato can be seen as treating the reason or the intellect as the true self” (p33).

Implicit in the notion of self knowledge was that of mental health. Self knowledge that is expressed in action is known as ‘sophrosyne’ - literally ‘moral sanity’ – a term that Woolfolk (1998) suggests may be related to the contemporary idea of emotional intelligence.

The contemporary notion of self understanding which is viewed as an end in itself had no place in the Greek worldview and for Augustine the end of self examination was a closer approximation of the nature of God.

2.14 The influence of Christianity

With the rise of Christianity, Aristotle’s moral scheme which emphasised human flourishing, was placed within a structure of theistic beliefs, but not essentially altered. (McIntyre (1984) The concept of virtues and vices were amended and elaborated and the concept of sin was introduced, replacing Aristotle’s concept of error. The ethics proposed by Aristotle now had to be seen not as mere teleological injunctions but as expressions of divine will and ordained law. The idea of man’s purpose as surpassing his present state to become something more virtuous remained, and influenced evaluations and judgements regarding human behaviour and the attainment of the good life. (Taylor 1989).

2.14.1 The rise of Protestantism

However, the rise of Protestantism shook the foundations of Aristotle's theory as well as the Roman church. Protestantism challenged the status of reason in determining man's true end, arguing that reason could provide no true comprehension of man's true end, since the human capacity for reasoning was destroyed by the fall of man. Within this scheme, man was sinful and unable to escape the consequences of such sinfulness by his own efforts.

All knowledge, especially knowledge of God, was obscured by sin which clouded man's reason and took away his freedom to make informed moral choices.

In religious dogmas, the Aristotelian concept of discerning one's true nature and how to attain one's true end was no longer left to the individual but prescribed by a priestly caste with socially sanctioned authority to judge between right and wrong. Although Protestantism emphasised the 'priesthood of all believers' in terms of individual responsibility to God, it did not implement structures which could make this a realisable goal so king and clergy continued to have the authority to prescribe what constituted the good life and which beliefs and behaviours were appropriate in its attainment.

2.15 The influence of the Enlightenment

Taylor (1989) claims that the values which were a product of the Enlightenment contributed to the formation of the modern identity and still dominate the outlook of western society. The heroic culture of the Greeks and the culture of the reformation gave way to a belief in progress through science, freedom from domination, and an emphasis on exploration and creativity.

The Enlightenment was characterised by the proclamation of autonomy over reason and the methods of the natural sciences as the sole reliable source of knowledge and the consequent rejection of Biblical revelation, clerical authority, tradition and every non rational source of knowledge.

Followers of Enlightenment philosophy such as Rousseau, believed that human nature was fundamentally good, the same in all times and places and that local and historical variations were unimportant. For Rousseau, man was inherently good and sin was interference – the original impulse of nature is right but the effects of a depraved culture is that we lose contact with it.

“We suffer this loss because we no longer depend on ourselves and this inner impulse but rather on what others think of us, expect of us, admire or despise in us, reward or punish in us” (McIntyre 1984 p 357).

2.15.1 Psychotherapy and Enlightenment values

These beliefs resonate with those of Malsow and Rogers and echo their prescriptions for the good life as one which is relatively free from external evaluations and based on natural /authentic choices.

Cognitive Behavioural theories are also detectable in Enlightenment thought. Scientific methods which had been applied successfully in the area of inanimate nature could also be applied to human beings and result in the erosion of irrational and oppressive legal and economic policies and replace these with the rule of reason which would rescue man from the injustices and inequalities of traditional political systems and set them on the path of happiness, freedom and virtue.

The rationalists believed in a single coherent body of logically deduced conclusions arrived at by universally valid principles of thought and founded on carefully sifted data of observation and experiment.

The validity claimed from observation was a feature of Freud’s claim to base his psychoanalysis on scientific data. The analyst was considered to be value free, objective and distant from the subject he was observing in much the same way as a physicist or a chemist would be.

2.15.2 Victorian values

One of the results of the period of the Reformation and its emphasis on the individuality of man and his accountability before God, was that there arose an emphasis on achievement - man's need to prove himself in the eyes of God. Furnham (1990) describes the values of the time as consisting of hard work, thrift, obedience and sobriety. Previous identification with a community to which one belonged and to which one owed loyalty, was weakened by the new definition of individuality and this provided the necessary conditions for the rise of capitalism. Personal ambition, regarded as sinful within an earlier religious framework, now came to be regarded as a virtue. Just as the values of heroic Greece supported, and were supported by, the existing culture, so the protestant work ethic and its elevation of hard work and thrift led to a devotion to the making of money and thus to the accumulation of capital (Furnham 1992). Within this system, the rich were obliged to be benevolent to those less fortunate, and, in return, the poor were required to be obedient and complacent.

Personal values such as hard work, loyalty and obedience to one's betters were expected of the poor, while benevolence, social responsibility and social recognition defined the 'goods' of the wealthier classes. Living according to one's station in life was seen as virtuous thus control over status and wealth was ensured. However, this status quo was to be threatened by the development of concepts of equality and human rights which were gathering impetus in Europe and which questioned many of the hierarchical assumptions and inequalities of Victorian Britain.

2.16 The morality question

The notion of morality is centred around the concepts of right and wrong conduct and according to Edwards & Carlo (2003), is found in all societies. Colby (1992) acknowledges that moral values differ across cultures and are centred on various notions of how people should behave. Edwards & Carlo (2003) explain:

**“The moral domain represents humanity’s answers to three questions:
 What is the right thing to do? How is the best state of affairs achieved?
 What qualities make for a good person?”(ix).**

The term morality is both descriptive and normative and can describe what is considered right or wrong by a group or by individuals or establish rules of conduct which are assumed to be agreed and shared by members of a society or culture.

Table 5 Definitions of morality

Goffman (1963)	A way of regulating and moderating human action in order to maintain cultural patterns which have been laid down for generations.
Christopher (1996)	Our deepest understanding of what is good, worthy and desirable.
Nucchi (2001)	One’s concepts, reasoning and action which pertain to the rights of others.
Prilliltesky(1994) Kekes (1993) Blasi (1999)	Any action which enhances the well being of others

Morality is a powerful, if ambiguous concept which assumes various meanings and which sanctions, or prohibits, different behaviours in different contexts. Within both Greek and Judeo Christian ethos, morality had normative overtones and was defined by a monistic value system which prescribed a single concept of the good life and the values which were to be adhered to in order to attain it. Authority was invested in a particular class and institution which had the power to impose a system on society and implement significant sanctions for non adherence to these social norms. This resulted in a society which was characterised to a large extent by a shared value system which was adhered to by most of its members and which punished its deviants by socially sanctioned means. Duty, obligation and principles of conduct were the emphasis of a normative moral framework.

In more recent times the meaning of morality has shifted from its monistic position to embrace wider notions of what is considered good to be and good to do. Now the term is more descriptive as pluralistic value systems, based largely on individual

evaluations, elaborate notions of goodness and which promote the values of tolerance and acceptance of differences. In other words, morality has shifted from being a means of controlling social behaviour to one which is concerned with enhancing the well being of others.

The concept of morality is inextricably linked with the ontological status of humankind operating at a certain time in history. The professionalization of care and healing and the rise of the psychotherapies were underpinned by a growing belief in the dignity of humankind and the inherent worth of persons. The values of individualism and autonomy were incorporated into society as unquestioned 'goods' and provided fertile soil for the growth of a profession which offered personal liberation through therapy. From this perspective, psychotherapy can be described as a moral enterprise (Christopher 1996).

2.16.1 Origins of morality

The notion of morality as a social concept arose as a result of people living together in groups or communities. Norms and standards were needed to determine and ensure what was defined as right conduct in order to facilitate the harmonious workings of a given society. However, Singer (1994) refutes the idea that the idea of ethics and morality is uniquely human and argues that other species may have tacit consensus as to what behaviour to tolerate or inhibit. Without the acquisition of language, however, the principles behind such behaviour cannot be conceptualised much less debated. The question remains, however, as to whether the human species have a prerogative on moral behaviour.

2.16.2 Morality as innate

According to Dawkins (1982) the road back to Eden, is paved with genes. For the scientist, the prime source of morality is natural selection – moral judgement is a physiological product of evolution. Values such as cooperation, compassion and altruism benefited the social group and were therefore selected as values within a given culture.

Tiger (1993) argues for a biological basis for human morality and ethics

“..those values and ethics that effectively served our evolving ancestors, whose genes we carry and that are inevitably associated with our ontology, remain in some fashion encoded in our cognitive and behavioural apparatus” (p319).

2.16.3 Morality and religion

Religious theorists would also claim that the capacity for moral judgement is an innate quality of human beings but this claim is founded on a belief that man, made in the image of God, retains the capacity to discern good from evil, as defined by the laws of God, and which are considered to be binding on all of mankind. Within this system of belief, human beings have within their nature the ability to determine right from wrong but just what is considered right and wrong is dictated by the religious prescriptions of the time rather than by a timeless, universal and stable set of norms. The socio historical situatedness of morality is illustrated by Kelly (1969)

“What we come to regard as sinful a thousand years from now will bear no resemblance to the evils the preacher talks about today than does the morality of a thousand years ago resemble 1963 forms of decency” (Kelly 1969 p7) .

2.16.4 Morality in post modern society

Within a monistic values system, morality and freedom could be considered as opposing forms of human conduct whereas, a post modern ethos reframes morality as reflecting our deepest understandings of what is good to be and good to do. Yet, Lomas (1999) claims that psychotherapists continue to evade the issue of morality and Richardson, Fowers & Guigon (1999), Hoshmand (1998) and Slife, Williams & Barlow (2001) attribute this retreat from morality to the perceived

demands for moral neutrality, unconditional acceptance and tolerance of difference in professional practice. Doherty (1995) maintains that therapists are:

“...caught in the web of therapeutic discourse which has been stripped clean of moral barnacles such as right and wrong, should and ought, responsibility and obligation.” (p4).

In contemporary society there is no institution with the recognised authority to prescribe right and wrong or good and bad, for all its members. However, the concept of goodness remains part of human thinking and, according to Dweck (2000) is one which is acquired at an early age and reflects the transmitted values of culture and family. Blasi (1995) in his work on identity formation, argues that, at some time in life, an individual encounters experiences which lead to the rejection of transmitted values and ways of thinking and comes to realise that external transmitted standards are no longer adequate criteria for validating moral standards.

In the setting of a wider society, the concept of ‘goodness’ or ‘badness’ can no longer be assumed to have a common meaning and be shared by all members of society. The basis for these concepts of goodness and evaluations of right and wrong is no longer prescribed by authoritarian elites but, if, as Taylor (1989) and McIntyre (1984) argue, such issues remain important in human life, then there arises the question of what constitutes the basis for moral judgements. With no shared ultimate source of truth recognised in a post modern society, and with no institution having the authority to impose value systems on its population, there arise questions regarding the validity of the sources of the values which guide human life and choices. Reiff (1966) argues that therapy’s focus on personal liberation from external constraints may result in the:

“absurdity of being freed to choose and then having no choice worth making”(p93).

2.16.5 A moral self

Gullestad (1996) argues that construction of the self and identity are dependent on moral notions since people aspire to be something they consider valuable. Moral values regarding good and bad, right and wrong conduct are internalised and become part of identity. Kelly (1991) considers values to be core constructs – those by which an individual construes and maintains his identity and Lapsey & Narvaez (2004) maintain that:

“the highest degree of moral integration is achieved when one’s moral understanding and concerns become part of one’s identity” (p3)

Evidence for these claims can be found in the research of Verplankton and Holland (2006) who explored the connection between values and behaviour. They concluded that the more central a value was to a person’s identity and self definition, the more likely it was to be activated in certain situations.

2.16.6 Moral motivation

In considering the question “why be moral?”, McIntyre (1984) claims that moral action is predominately motivated by a determination to maintain one’s own sense of moral integrity. Fidelity to the moral principles which form identity govern choices and their actions. Acting against core values is a betrayal of the self and Blasi (1983) argues that the threat of self betrayal has greater motivational potential than fidelity to abstract principles which belong to everyone. He maintains that moral motivation is a consequence of one’s moral identity and not to act is a betrayal of the self. He argues that moral values which are related to the self concept are emotionally charged and more likely to generate action than these values which may be cognitively understood but not considered an important part of individual identity.

Edwards & Carlo (2003) also frame moral motivation within the need to confirm that one’s behaviour, thoughts and feelings are in accord with what one considers to be good and emphasises the role of emotion in eliciting, directing and sustaining behaviour.

Power (2004) researched the connection between a moral identity and self worth. He found that high self esteem had an enabling role in promoting morally responsible behaviour and in turn, self worth was enhanced by feelings of moral competence. His argument supports that of Verplankton & Holland (2002) in claiming that if an individual has formed a moral self by approximating his identity with moral values, then the moral domain will be an important source of self esteem and discounting their moral goals will be problematic. The more important the moral domain is for a person, the more important it will be for him to manage it competently.

Erikson (1995) maintains that people become committed to those careers which best enable them to express their most important identity. This theory is supported by the research of Maio & Olson (2000) who claim that opportunities to express important, self defining values can elicit a high level of commitment, and Snyder et al (2000) found that volunteers were motivated to help with victims of AIDS as a way of expressing deeply held humanitarian values.

2.16.7 Relativistic approaches to morality

Despite its importance in the lives of human beings, the concept of morality in a post modern culture is fraught with complexities.

With the decline of religious influence, there is no longer a shared conception of the good, and there has arisen a growing acceptance of relativism, which as Taylor (1972) points out, is itself powered by a moral ideal partly grounded in a principle of mutual respect. A relativist approach refutes universal standards of morality claiming that all standards are of equal worth. This position holds that one person does not have the right to challenge the moral values of another, since what constitutes moral behaviour is a matter of personal preference rather than subject to universal laws or religious prescriptions. Morality becomes a voice within and being in touch with feelings takes on a crucial and moral significance in contemporary society (Furedi 2000)) While within a religious paradigm being in touch with God was the source of moral judgement, now the source we have to connect with is deep within us; we have come to think of ourselves as beings with inner depth (Taylor

1989) Notions of truth and morality are relative to social and personal evaluations rather than based on immutable facts.

Cutler (1997) is pessimistic about the rise of relativist notions:

“Post modernism is not the enemy. The enemy is the relativity, exclusivity, reductionism, hyperbole and half truth that dwell at the heart of the beast.” (p9).

According to Fowers & Richardson (1996) the rise of the concept of relativity has created:

“an appalling moral vacuum in which persons cannot find the strength or courage to carry through one’s obligations because they appear arbitrary and lacking any sort of rationale or moral justification.” (p616)

This position is echoed by Martin & Sugarman (1997) who suggest:

“We need a credible alternative in order to prevent us losing the meaning of our experience to some nihilistic – there is no meaning- or relativist – all meanings are the same – abyss. (p8).

2.16.8 Morality and the good life

However they are perceived, moral values are relevant to, and shaped by, particular cultures and constitute notions of the good life. This can be seen in the ‘rights based’ ethic of the west or the ‘honour based’ ethic of the east; the emphasis on freedom and individuality in the west and on family loyalty in the east.

All societies and cultures have had their own understanding of what is the best way to live and to be, and this understanding is influenced by the prevailing culture and socio historical milieu in which they function. Pederson (1997) points out that the values which are prevalent in western psychology are representative of only a small

proportion of the global population and warns of the danger of regarding them as eternal truths, binding upon all people. He maintains:

“It is important to examine the culturally learned assumptions that control our lives as human service providers” (p117).

Tjeltveit (2006) suggests that therapists are not inclined to examine and articulate their notions of the good life nor to explore those of their clients despite the relevance these have for human life.

2.16.9 Morality and the profession of psychotherapy

Christopher (1996) describes psychotherapy as a moral enterprise, claiming that it is founded on concern for others and a desire to promote human welfare. This section of the literature chapter has argued that the concept of values has always had significant importance for humankind. Moral values are about notions of right and wrong conduct which contribute to a sense of identity and living in accordance with these contributes to self worth and feelings of moral competence.

Yet many researchers (Fisher Smith 1999; Hoshmand 1998; Williams and Levitt 2007/8) have found that the issue of values is not one which practitioners address. Such findings suggest that this neglect deprives professionals of a valuable resource both for their own self understanding and for the understanding of their clients.

Christopher (1996) describes moral values as signifying our deepest understanding of what is good, worthy and desirable and it follows that a reflexive understanding of those important principles in human lives can make a significant contribution to the process and outcome of therapy practice.

The subject of values is one which has come of age in a post modern culture where monistic theories have given way to more pluralistic notions and the range of values on offer in society is wide. An exploration of values, their meaning and functioning in the therapeutic profession needs to be considered as a challenge to embrace rather than a threat to be avoided.

The thesis continues with a discussion on the significance of values in the profession of psychotherapy.

3 THE ROLE OF VALUES IN PSYCHOTHERAPY: A REVIEW OF RESEARCH

This chapter begins by outlining the main influences on the practice of care from preindustrial cultures to a post modern culture. It argues for the inevitability of values influence in the practice of care and reviews the research studies which have explored the phenomenon within the practice of psychotherapy and evaluates their conclusions.

The discussion then returns to a post modern culture and discusses the literature on pluralism and explores its applicability to a post modern profession.

3.0 Looking back

McIntyre (1984) maintains that:

“Our postmodern understanding of values and morality can only be understood as a series of fragmented survivals from an older past” (p110-111).

He argues that each historical epoch is characterised by its own cluster of values as one type of morality succeeded another. The influence of values can be seen in the courage and heroism of the early Greeks, through the piety, obedience and conformity of early Christianity, throughout seventeenth century Puritanism, eighteenth century hedonism, the Victorian work ethic, modernism and the scientific revolution and eventually to post modernism. Each epoch is marked by varying social values and these values have influenced the knowledge and the evaluations of each period and have interacted in a reciprocal fashion with the prevailing culture. The challenge to psychotherapy is to identify the values which are inherent in its theories and which guide its practices in a post modern and pluralistic culture.

3.1 Cultures of care

The history of care and healing has been influenced by four eras.

Table 6 Cultures of care

Era	Values	Culture of Care
Religious	Pity Compassion Obedience	→ Cure of Souls Model
Enlightenment Scientific (Modernist)	Knowledge Truth Objectivity	→ Medical Model
Romantic	Freedom Respect for all Individuality	→ Humanistic Model
Post Modernist	Autonomy Tolerance Diversity	→ Pluralistic Model

An understanding of values which have influenced contemporary psychotherapy practice can be enhanced by exploring the story of care and healing in history.

“We determine who we are by what we’ve become, the story of how we got here. We know where we are through a mixture of recognition of landmarks before us and a sense of how we travelled to get here” (Taylor 1989 p48).

3.1.1 The generic nature of care

Care and care giving are, according to Noddings (2003)), central to human life. Each era, society and culture through the ages has created its own way of understanding and alleviating human suffering. From shamanism and the religio - magic practices of a pre industrial culture, to those characterized by a blend of Christian doctrine , Enlightenment philosophy and individualistic ideology, these cultures of care (Francher 1999)) have taken various forms and been expressed in a variety of ways according to the assumptive world of the time and its beliefs and values. Each culture

has made value judgments about what is healthy and what is not, according to the prevailing beliefs and values of the time. Francher claims that:

“Cultures of healing offer a variety of visions about how the world works, what life is like and how persons are supposed to be” (1999; p39).

Cushman (1995) discusses how each era has also had a predominant configuration of the self, a particular foundational set of beliefs about what it means to be human as well as what characterizes illness, health and optimum ways of living.

Psychotherapy, as it is known in contemporary culture is a product of its historical and social embeddedness in the values and beliefs which have characterized healing throughout the ages. McIntyre (1984), argues that to understand the function of values in contemporary psychotherapeutic practice, we need to identify the values in previous cultures of care and their associated socio historical origins. An exploration of the role of therapy in the historic traditions of western society can provide a wider understanding of contemporary professional practice and gain insight into the paradoxes, dilemmas and situatedness that constitute the therapeutic profession in a post modern era. Taylor (2003) maintains that our traditions are always being transformed by new articulations which are based on, and would be impossible without, those already made. In this way, contemporary practices of care are products of those which have gone before.

Prilleltensky (1994) maintains that:

“..psychological theories and practices are simultaneously constituted by, and formative of, the culture and social order” (p1).

3.2 Therapy's story

Throughout history, the concepts and practices of care have adapted to meet the needs of people within the various contexts and cultural assumptions operating at that time. Different cultures throughout history have provided help, healing and

sustenance to its people in line with to the beliefs, assumptions and expectations of the existing culture.

“The theory of illness and the healing method itself are integral parts of a culture’s assumptive world” (Frank & Frank; 1991;p99).

The rise of the therapeutic profession has escalated over the past decade and its status is now firmly embedded within a culture that places a high value on subjectivity, mental health and emotional well being. Psychotherapy, as it is understood today, has evolved within the prevalent beliefs and practices of contemporary culture and reflects its attitudes and assumptions about health and illness as well as its notions of selfhood, subjectivity and reality.

“Both the ultimate concerns of religion and the ultimate value of scientific progress and rational insight are being questioned, and the medical model faces the challenge of a new non medical, psychosocial or humanistic model” (Ehrenwald 1976 p6).

From this perspective therapy can be viewed as an artefact of society, a culturally created way of looking at life, and the labelling of mental illnesses, pathologies and health can be regarded simply as value judgements. This implies that psychotherapy as a profession needs to be aware of the values being brought into its traditional rationale and the culturally embedded origins and socially constructed status of these values.

Table 7 Socially sanctioned healers

Prehistoric	Shamans; wise man/woman
Christian	Clergy
Modern	Scientific practitioner:doctor /psychologist
Post modern	Psychotherapist

3.2.1 Pre industrial cultures

All societies, both past and present have strived to make sense of the human condition and especially the area of human suffering.(Frank & Frank 1993). Various beliefs and theories regarding care and cure can be identified in the magical culture of ancient tribal rituals and practices, in the mystical relevance of the religious era and in the scientific orientation of the medical model as well as the celebration of diversity and pragmatism of a post modern and pluralistic society.

The Ancient Greeks acknowledged mental illness as a medical condition and recognised the importance of encouragement and culture as a means to care. The rise of Christianity in western Europe , however, gave rise to a prevalent belief that mental illness was caused by supernatural forces, inflicted on the sufferer as a result of transgressions or of demon possession.

Woolfolk (1999) maintains that before the advent of such upheavals as the Enlightenment and the Industrial Revolution, human nature was interpreted under the sacred canopy of relationship with an all powerful deity. Man was made, it was claimed, in the image of God and as such enjoyed a privileged place in a knowable universe, having a stable self to be fulfilled and in pursuit of a truth to be discovered. Premodern people believed themselves to be situated in some kind of consequential relationship to a transcendent force that controlled the cosmos (Berger 1973). Such a belief system gave them a sense of belonging as well as of identity, made life comprehensible and gave it meaning and purpose.

Knowledge of self focused mainly on man's shortcomings, and was sought for the cultivation of virtue and godliness. Within the Christian tradition, Augustine put forward the notion of an inner self in which truth resided and encouraged self scrutiny as a means of locating answers to the most important questions in life. Knowledge of self was sought to achieve ends which transcended self interest and acquired godliness. The modern concept of self understanding as an end in itself had no place in early philosophical or theological views (McNamee & Gergen 1996).

Within this religious framework, there was the unquestioned assumption that disease was a divine affliction for spiritual misconduct, or else the work of evil spirits and demons. Care, was based on the ideology and traditions of the Christian story which

provided the basis for value judgements about what was healthy and what was not. Since people were understood primarily in the context of their relationship to God, the central concern of care was the salvation of souls and the sustaining of the faith.

3.2.2 The religious era in Scotland

In Scotland, one of the first centres of healing was at Iona where St Columba and the early monks constructed a hospital, not only for the care of the sick, but as a refuge for the old, the disabled and travelling pilgrims. The primary aim of care was the restoration of spiritual well being. Healing came only to those who repented and were considered worthy of relief.

It is of note that in these early days there was little emphasis on individual well being. Personal illness and distress was of less concern than threats to crops and cattle, and indicates a society with utilitarian value system where the good of the whole society outweighed the good of one individual.

“The miracles accomplished by the saints had as much to do with ensuring the growth of crops and animal health as with human well being” (Hamilton 1981: p6).

Hospitals constructed by the early missionaries became the template for other hospitals throughout the country. About one hundred and fifty hospitals were constructed in Scotland, and the place name ‘spital’ may suggest the earlier presence of a hospital or that the revenue of the lands went to the upkeep of a hospital. (Hamilton 1981).

These hospitals served travellers as well as the sick, and sheltered the old and feeble. Funds for the maintenance of these institutions came from both personal and private foundations. This was consistent with the prevalent beliefs and practices of the middle ages where the rich and powerful were morally obliged to donate to the less fortunate. Over time, as the influence of the church declined, the pious intentions of original benefactors were often forgotten and the aims of the hospital became

obscure. As a consequence, the provision of care came to be regarded less as a virtue and more of a burden, so became more fragmented.

3.2.3 Care in medieval Scotland

James 1 sought to remedy this by a call for reform and a return to the original purpose of the hospitals.

At this time in medieval Scotland there was no medical profession as such and care was carried out by a growing number of ‘physician - clerics ‘ and barbers who became surgeons of the day. From another perspective, everyone was a doctor! Self care by prayer, pilgrimage, herbal remedies, charms and magic was widely practiced by both rich and poor.

Although the growth of medical practice was controlled by the churches, by the 12th century, the church began to allow the education of people outside the monasteries and the medical practices of the clergy were discouraged. This resulted in the resurgence of Greek medical knowledge which had been lost when the church took over responsibility for healing. This new secular profession attributed disease to natural, rather than spiritual causes and contrasted with the church’s teaching of disease as divine affliction.

The affiliation of counselling and medicine is illustrated in the story of John Gray, the illegitimate son of a Scottish nun, who studied medicine in Paris and returned to Scotland to be ‘counsellor and physician’ to James 1. (Hamilton 1981).

There remained an inter relationship between the church and medicine, but expectations of cure now lay with attention to diet, sleep patterns and exercise as well as prayer and pilgrimage. There was no professional body of medicine; all of the kings of Scotland and the nobility received medical training as part of their education and James 1V is described as

**“weill learned in the airt of medicine and a singular guid surgeon”
(Hamilton 1981 p28).**

Hamilton (1981) observed that:

“there was scarce a nobleman or a gentleman in Scotland which had not the skill to heal wounds” (p28).

The history of care in Scotland continued to be a mixture of clerical – medical, noblemen and folk medicine. Sources of healing were multiple. The rich could afford treatment by a medical specialist so were more likely to be subject to surgery and blood letting. Other practitioners focused on attention to diet and life style. Cures such as prayer and pilgrimage, and also folk remedies were available to rich and poor alike. Magic stones were seen as a source of healing. A stone with perceived magical properties was put in water with “two dips and a swirl” and the water drunk by the patient. Such stones and remedies were in regular use until the 18th century.

By the middle ages Scotland had become a significant influence in Europe and under King James IV, the study of medicine was encouraged and medical practice outside the monasteries developed. So there arose a professional body of medicine men, who although they did not dismiss the need for repentance from sin and upheld the value of prayer, attributed the causes of disease to a lack of public health and the unsanitary conditions under which people lived rather than the vengeance of a capricious deity.

The main concerns for treatment were on the prevalence of leprosy and syphilis. The mentally ill were not provided for and regarded as pariahs and possessed - branded as idiots or lunatics and their plight considered a punishment for sin.

3.3 The mentally ill

The care for those suffering from mental illness was not only slow to appear, but patchy and inadequate. Cells in the established poor houses, prisons, or restraint in their own homes were the answers to the problem and the type of cure on offer was entirely dependant on one's social class, and to some extent, gender. According to

Hamilton (1991) the first purpose built mental hospital in Scotland was built in Montrose in 1781 and the running costs were met by Montrose Parish church. Before that, the mentally ill were cared for in the community or in poorhouses for the destitute. Many people who would today be described as mentally ill, were accused of witchcraft and subsequently hanged or burned. In a society which privileged the rich, the poor were at the mercy of the church and the parish charity.

The care of the mentally ill was reported in the Royal Commission on Lunacy Act in 1855 by which time the great demand for mental care had resulted in seven large mental hospitals being founded in Scotland. The Report highlighted inhumane conditions such as trussing and restraint and there was evidence of neglect and ill treatment. These new mental hospitals were run by the state as part of the Poor Law and administered by the parish until 1930 when the government took over responsibility for medical care and struggled to remedy the inequalities of the society and so the NHS was introduced in 1948. The values of equality and progress underpinned the health legislation of the day, and gives rise to the health culture which is familiar in contemporary Britain.

3.3.1 The specialisation of care

Although the early church allocated the responsibility for care firmly in the reciprocal responsibility of each believer for his or her neighbour, the developing role of the clergy gradually superseded this function and by the third century, care was considered mainly the province and responsibility of the clergy. Thus we see an indication of care continuing to be a specialised function of a group of people with a claim to certain expertise, status and public acceptance.

Such a movement has been questioned by theologians who argue that care giving should be considered the responsibility of all in a given society and Fraser (1982) a Presbyterian minister, argues that the provision of care is both natural and obligatory for all Christian people and maintains that the historic role of the clergy has inhibited ordinary people from carrying out their moral responsibilities for caring for each other. He calls for a return to the practices of reciprocal care as an important dimension in being human.

“to be deprived of one’s theological responsibilities is a serious disinheritance” (p 37).

3.3.2 Socially sanctioned healers

However, within the growing importance of the values of knowledge and progress which emerged as a result of the Enlightenment, the clergy were ousted from their position as healers by the rise of a new generation of medical practitioners who, in time, established themselves as specialised providers of medical care and sought to control and prevent the practice of folk medicine and care which was not carried out by someone considered adequately trained and educated. Campbell (1985) stresses the inherent danger of claiming expertise in caring :

“As soon as one institutionalises a helping role one creates inequality between people” (p36).

Frank & Frank (1993) point out that psychotherapy is characterised by a the notion of a socially sanctioned healer, a healing setting, a rational or conceptual framework for explaining the causes and cures of the patient’s symptoms and a procedure which requires the active participation of both patient and therapist. They claim that the conceptual framework prescribed by the therapist must fit in with the client’s beliefs and expectations to the extent that ‘faith’ and ‘hope’ are awakened.

“typically a person trained in a socially sanctioned method of healing, believed to be effective by the sufferer and by at least some members of his or her group” (p2).

3.3.3 The socio historical challenge

Downing (2000) believes that a historical / comparative approach to psychotherapy represents a serious challenge the contemporary clinical practice and threatens to undermine many of the assumptions which undergird western notions of

psychotherapy, such as the truth claims of the theoretical models and the lack of evidence regarding the efficacy of one theory over another. Ehrenwald (1976) maintains that the history of western psychotherapy has evolved from the magician / medicine man, followed by the philosopher priest and then by the scientific practitioner. He concludes:

“... it may be more difficult than is generally assumed to demonstrate ‘conclusively’ the superiority of scientific psychology over its primitive forerunners” (p573).).

A socio historical understanding of psychotherapy perceives human beings as rooted in a certain culture which provides meaning systems, action alternatives and scripts for living. Psychotherapy can be regarded as human healing activities which have come to be valued by society.(Hoshmand 2001) To gain a cultural understanding of the profession requires that the value assumptions in contemporary practice are critically examined, not necessarily in order to be rejected and pathologised, but to provide an understanding of how the profession has come to be where it is. However, as Downing (2000) points out, such an awareness challenges the profession’s epistemological basis for knowledge and truth claims while at the same time endorsing the need for faith in the efficacy of therapeutic outcomes. He perceives therapists as caught in a tension between conviction and uncertainty.

3.4 Criticisms of socially sanctioned practice

However, socially sanctioned practice is not without its critics. Smail (2005) criticises both psychotherapy’s failure to take account of a socio historical perspective and society’s uncritical acceptance of the practice of psychotherapy as a cure for human distress and he questions its claims of theoretical and scientific validity. He maintains that:

“what are on offer in the psychotherapeutic bazaar are not so much – indeed are not at all – substantiated theories of psychological damage or demonstrably effective cures of emotional pain or confusion but a range

of more or less homespun philosophies of life and the attendant strategies they spawn for trying to cope with it” (p15).

Other critics - Cushman (1990); Christopher (1996); Prilleltensky (1994); Furedi (2004); Doherty (1995) all argue that the social sanctioning of professional healers allows them to propagate the values of the culture in which the profession of psychotherapy is embedded and all question psychotherapy’s role in contributing to consumerism, narcissism, rejection of responsibility and individual well being at the expense of community.

3.5 Therapists as secular priests

Meehl (1959) expressed his fear that psychotherapists would become ‘crypto missionaries’ and attempt to convert their clients to another value system. Marshall Lowe (1969) believes that psychotherapists are perceived as the new moral authorities who are asked to make moral pronouncements in the name of science, much in the same way as clergy were asked to do in the name of religion. Other critics (Woolfolk 1999) maintain that psychotherapists have replaced the clergy in covertly prescribing what a person should be and should become. Furedi (2004) claims that the language of psychotherapy echoes the language of the confessional and the expression of emotion regarded as essential to well being..

3.6 Therapy in a postmodern culture

The notion of such influence is ethically unacceptable in contemporary practice, but while therapists acknowledge the impossibility of value neutrality, they are unclear as to how values should be managed in practice.

Psychotherapy as a profession emerged within a largely modernist world of objectivity, neutrality and stability but is now challenged by a post modern perspective which is sceptical of truth claims and advocates an exploration of alternative ways of studying human life which neither reifies nor excludes non scientific perspectives. Held (2001 in Critical Issues) describes post modernism as

rejecting general objective laws and truth in favour of local, unique and subjective 'truths', advocating a plurality of meaning and denying the legitimacy of any real and consistent ontological status for the self.

According to Holzman & Morss (2000), such a post modern sensibility has arrived on the psychological scene. They claim that:

“post modern concerns are expressed by voices in nearly every sub discipline of psychology” (p5).

Psychotherapy will reflect this post modern turn in the same way as all healing practices have been a product of their society and time, and their construction of reality and the good life shaped by the values of their prevailing culture. In the past, the shaman or medicine man fulfilled the role of sanctioned healer and these were, in turn, largely replaced by the clergy in the time when Christian thinking dominated western Europe. With the Enlightenment there arose the concept of the scientific practitioner whose objectivity and expertise would lead to truth but a post modern age questions the truth claims of knowledge and the role of the expert healer.

“Psychotherapy is inevitably a product of the ethos prevailing at a given historical period and the theoretical conventions of the time” (Kaye 1999 p27).

Psychotherapy as it is perceived today, needs to be understood in a socio historical context of care and healing, and as an evolving phenomenon endorsed by the culture in which it is practiced. However, arriving at an adequate understanding of a post modern culture is an aspiration beset by complexity, controversy and a lack of certainty, all of which are defining features of the phenomenon.

3.6.1 Shifting horizons

Psychotherapists in contemporary culture are inevitably products of generations of healing traditions, social movements and shifting horizons. Many cultural values may have changed over the decades; therapists reject expert status and favour a

collaborative approach or one in which the client is considered expert. Truth and reality are no longer part of therapy's assumptive world, and personal value systems are relegated to the private sphere. Post modern psychotherapy may recognise the value laden nature of its practice (Fisher Smith 1999) and impose high moral / ethical standards on its practitioners, but the role of values and their legitimacy within the therapeutic encounter is not well understood and not well researched (Williams & Levitt 2007). Kitwood (1990) observes:

“ Paradoxically the kind of relationship which so resolutely abstains from all moralising judgements is one which is required to meet the most rigorous moral criteria – respect for persons, fairness, truthfulness etc which makes up the stuff of what is commonly regarded as morality.” (p202).

Changes in society, its thinking and its practices have gathered momentum in the last few decades. Where once the spiritual, social and physical aspects of healing were bound into the seamless fabric of domestic life, now there is alienation, fragmentation and foundationlessness .(Polkingthorne 1992).

3.6.2 Alienation

American researcher Robert Bellah (1985) in his study of American life found that the emphasis on individualism with its values of autonomy, self reliance and freedom, was in tension with the value of responsibility and commitment to the welfare of others. This tension causes a split between public and private life and has generated the conditions for professional expertise and specialisation to flourish. However, it has also meant that communities are less apt to be bound by shared values and common aims. The modern rationalisation and differentiation of society led to the recognition of an expert class, distinct from ordinary people and care, according to Smail (1987) was parceled up and labeled 'expert'.

Earlier traditions of reciprocal care and commitment when caring was woven into the fabric of domestic life, have become “communities of memory” (Bellah p154) rather than accepted practices in contemporary society. Bellah (1985) claims that it is

the value that this community of memory generates in certain people, that leads individuals to find a role which allows them to express values of care and concern and commit themselves to the welfare of others. Bellah's findings support those of Erikson (1995) and Snyder & Omoto (1992) in drawing attention to the motivational aspect of values expression.

3.6.3 The fragmentation of knowledge

The post modern ethos which pervades the disciplines of psychology and psychotherapy exerts its own influence in much the same way as did the prevailing culture in previous eras. One of these is that the challenge to epistemological foundations of knowledge and rejection of truth claims means that practitioners are less likely to believe that there is a particular window which provides an undistorted view of reality or have, as van Manaan (1988) puts it:

“Confident possession of some Grail like paradigm (which) is at best a passing fancy or at worst, a power play” (quoted in Kvale 1998 p158).

The claim to value free practice is no longer considered tenable, but the values with which therapy is infused are neither clearly articulated nor well defined. While Legg (1998) suggests that psychology and psychotherapy continue to absorb and reflect the culture of which they are a part, writers and researchers such as Hoshmand (1998), Fisher Smith (1999) and Williams & Levitt (2007) express concern regarding the extent to which psychotherapists are unaware of the prevailing cultural setting and the ways in which this influences their practice.

3.6.4 Foundationlessness

With no sure epistemological foundation on which to build practice, the post modern therapist is challenged to find meaning and purpose in a culture of shifting horizons, fragmented identities, moral confusion and a crisis of values. For a profession which is dedicated to self awareness, there are many difficult issues posed by post modernism. According to Downing (2000) therapists can no longer operate from a position of assuming they have some truth to offer, and so they face the contradiction

between living in a pluralistic, relativistic world with its rejection of absolute values, while at the same time, seeking a basis for their practice which they can consider worth committing to within a post modern framework of shifting horizons.

Personal values have been relegated to the private sphere, having a limited range of application, considered to be subjective evaluations and not superior to those of any other person or culture.

Richardson et al (1999) perceive psychotherapy as:

“..caught in the tension between ... an accommodation of the ideal of freedom and a commitment to some sort of guiding values” (p54).

3.7 The search for values in psychotherapy

This study has shown how each cultural era has had provided its own set of values which have established norms and standards within a specific time and context. Values have always been a significant factor in determining attitudes and behaviour and have changed throughout the centuries as new paradigms and frameworks emerged within the process of change.

With the rise of post modernism, the topic of values has regained some of its earlier importance but, according to Rohan (2000), its role and function in the practice of psychotherapy remains largely an unexplored and undefined subject. However, this section will examine the research which has explored the subject of values and evaluate these findings.

3.8 Research studies

Values are regarded as increasingly important in fields dealing with aging and psychological well being (Kasser & Ryan 1993/6); identity and self concept (Mayton et al 1994; Hitlin 2003) and motivation (Verplankton & Holland 2002; Karel 2000; Scott 2000; 2001). Walsh (1995) acknowledges that the indelible role of values in

psychotherapy and emphasises the importance of the topic for all practicing therapists.

“An adequate conceptualisation of values is essential to the study of psychotherapy” (p313).

3.8.1 The problem of influence

One of the reasons for the interest in the study of values was the growing realisation that therapy was not, and could not be, value free. Freud (1912) believed that the scientific credibility of the psychotherapist depended on his or her ability not to contaminate the transference relationship by revealing personal values. Such value neutrality was not questioned within the scientific era of the time.

“The physician should be impenetrable to the patient, and like a mirror, reflect nothing but what is shown to him” (p331).

Early behavioural therapies would also claim scientific status as a result of the objectivity and distance established between practitioner and client. However, during the nineteen fifties and sixties, the idea of value free therapy was challenged by theorists such as May (1953), Patterson (1958), Enrich & Weiner (1961) and Rosenthal (1955). Within a British context this challenge was continued in the work of Lomas (1987) and Smail (1988). Returning to an American context, Strupp (1980) states:

“It is impossible for a therapist to interact with another human being for a period of time without the other person becoming aware of the therapist’s values on a number of subjects, no matter how strenuously the therapist may try to present a neutral facade.” (p396).

An important influence in this debate was the findings of a study carried out by Rosenthal (1955), which indicated that clients moved in the direction of their

therapist's values over the course of what the therapist defined as successful therapy. He concluded:

“Patients who improved tended to revise certain of their moral values in the direction of their therapists’, while the moral values of patients who were unimproved tended to become less like their therapists” (p435).

Rosenthal's findings generated a controversial dilemma for practicing therapists when it highlighted the potential for undue influence on vulnerable clients during the therapeutic encounter. Rothenthal (1955) had found a strong correlation between values convergence and therapists' perceptions of improvement and a tendency for unimproved patients to diverge from their therapist's values. Meehl (1959) also researched into the phenomenon of values in therapy and his research found that patients did indeed identify value communications from their therapists, whether or not the therapist was aware of such communication. The results of these studies raised serious ethical issues for the profession and generated a significant amount of further research. In order to impose some organisation on these studies, in the following sections, they will be allocated to four domains:

- 1) Values convergence
- 2) Value similarity / dissimilarity
- 3) shared values
- 4) personal values

3.8.2 Values convergence

The process of values convergence has been explored by a significant number of researchers during the last two decades, resulting in the generally accepted notion that psychotherapy is not, and cannot be, value free, but is significantly influenced by the values of the therapist. (Strupp 1980). Writing in 1971, Beutler claimed that there was sufficient research evidence to claim that clients acquire the specific values and attitudes of their therapists and underscored the necessity for therapists to take

cognizance of their personal values and the need to carry out further research on this phenomenon.

His subsequent empirical study (Beutler, Pollock & Jobe 1978) investigated therapy as a social persuasion process and found a strong relationship ($r = .76$) between patients' acquisition of therapists' values and patients' ratings of improvement, thus confirming the earlier findings reported by Rosenthal (1955). Using a 7 scale measurement instrument based on Rosenthal's values and Rokeach's (RVS) questionnaire as well as a pre /post Symptoms Check List (SCL 90C), he found a strong correlation between therapists' rating of improvement and values convergence. A follow-up study by Beutler et al (1983) investigated therapists' ratings of improvement. Pre and post tests were carried out on the values of 45 dyads which were measured using the RVS and the findings again confirmed a significant correlation between therapist ratings of improvement, but not of client ratings. Beutler et al. (1983) concluded that:

“therapy tends to produce a degree of persuasion in which clients come to value the same goals and means of achieving these goals, as do their therapists” (p 242).

Kelly & Strupp (1992) explored three questions using the RVS and a battery of outcome measures. They asked:

- What values are most likely to alter during therapy?
- How pervasive is the convergence effect?
- Is convergence only related to the therapeutic association?
- What is the relationship between clients' and therapists' values similarity and outcome?

Participants were asked to complete the RVS at the beginning of therapy then return to it after twenty five sessions of therapy and rank the values once more, noting any change. The researchers found a pervasive convergence effect which could be attributed either to the dependency of the client or the persuasiveness of the therapist.

Therapists' ratings of improvement were positive when the client moved in the direction of the therapists' values.

More recent research by Mosher & Stiles (2008) introduced a new perspective on the values convergence phenomenon. They offer a theory of assimilation to explain the process of client change in psychotherapy within a framework of a post modern conception of multiple voices. These researchers suggest that the voice of the therapist may be experienced as if it were part of the self and consequently changes may be ascribed to the self rather than the therapist. Although there is no explicit reference to values convergence in this research, the writers caution therapists to be aware of the stances they take in relation to their client. While therapy as an internal voice might be comforting and reassuring to the client, it may also be a vehicle for persuasion and influence.

However, concern with values influence may be exaggerated. The findings of a qualitative study by Williams & Levitt (2008) suggested that clients are not as easily influenced by their therapists' positions and views. Their study reports that clients were less apt to be persuaded by their therapists' opinions and were much more active in protecting their values from unwanted influence in therapy than previous research has claimed.

3.8.3 The values of the therapist

Several researchers have explored the differences in values held by therapists who profess different theoretical models (Bergin 1985; Beutler 1979/ 81; Beutler, Arizmendi et al 1983; Kelly & Strupp 1992; Prilleltensky 1997; Kubacki 1992; Mahalic 1995). Consoli (1996) explored the values held by four theoretical orientations – cognitive behavioural, existential, psychodynamic and systems therapists. His study identified core values held by all the therapists in his sample. Using the Theoretical Professional Orientation Questionnaire, a Personal Values Questionnaire based on Schwartz's version of the Rokeach Value Study and a revised version of Jensen's (1986) Mental Health Values Questionnaire, he found certain common factors that were shared by all practitioners:

“all orientations showed marked agreement and high endorsement on two items: responsible, dependable, reliable and helpful; working for the welfare of others” (p76).

Consoli concluded that the shared professional culture was characterized by a values profile beyond professional theoretical orientation but maintained that, although value frameworks defined the way in which problems were interpreted, goals selected and solutions sought, relatively few therapists explicitly acknowledged and identified the values underpinning their theory and methods.

Kelly (1995) explored the values of four hundred and seventy nine counsellors in the United States of America and found a strong core valuing of holistic - humanistic empowerment relating to personal development and relational concerns. On a personal level, counsellors endorsed the values of benevolence, self direction and universalism; and on a professional level they endorsed the values of autonomy, personal development, self expression, relationships and forgiveness.

Kubacki & Chase (1998) explored the underlying values and ideals that underpinned the thinking and practice of psychodynamic and cognitive behavioural therapy. Although they conceded that in contemporary practice, values were being integrated by eclectic and integrationist practitioners, they maintained that the values of each orientation should be known in a relatively pure form in order to identify how the values of one orientation are being integrated with those of another. He claimed that all orientations lean towards certain values and away from others and that therapeutic methods derive from an orientation's values. He concluded that, although there was a level of shared values and common factors between the two approaches, they are differently emphasised by the two orientations. The psychodynamic approach valued empathic neutrality and a toleration of the socially unacceptable which were consistent with the perspectives of idealism, subjectivism and introspection. Cognitive behavioural approaches, on the other hand valued the mastery and control of thoughts, feelings and action consistent with the perspective of realism, objectivism and extraspection which typifies cognitive behavioural approaches. One of the significant difference which Kubacki & Chase (1992) identified between

psychodynamic ideology and that of cognitive behavioural therapy was that the former valued exploration, meaningfulness and an acceptance of social deviance, while the latter reinforced the dominant values of society.

3.8.4 Differences in values between therapists and clients

Khan & Cross (1986) used the Rokeach Value Survey to examine the value systems of mental health workers. His sample included psychiatrists, psychologists and social workers within an Australian setting. He concluded that there was a significant difference between the values of mental health practitioners and those of client groups. While the former valued self direction, intellectual pursuits, and greater freedom in sexual behaviour, the latter were more passive and valued obedience, conformity, self control and restraints in sexual freedom. He concludes by pleading for:

“..therapists to take time to become aware of their own values, to investigate how values influence clinical practice, and to inform clients of the personal values that are implicit in their specific mode of therapy” (77-8).

The values convergence issue stimulated interest in therapists' values. Jensen & Bergin's (1988) national survey identified a constellation of values held by practitioners in the USA. Being a free agent, having a sense of identity and feelings of worth were the self oriented values while skills in interpersonal communication, sensitivity, nurturance, genuineness, honesty and self control guided their professional practice. Also important were the values of self awareness, growth, coping and fulfillment. Another study by Bergin & Jensen (1990) into the values of therapists in the USA concluded that the values which are held by therapists differ significantly from those of the average American citizen, especially in the area of religious values. On the basis of these findings Worthington et al (1996) argues that therapists need to take a cross cultural perspective on religious clients rather than consider their beliefs as at best immature and at worst pathological. Consoli (1996) surveyed the values of mental health workers in Buenos Aires according to their

theoretical orientation. His sample consisted of 161 experienced mental health professionals including psychotherapists, psychologist and psychiatrists. Instruments used were the Theoretical – Professional Orientation Questionnaire, Schwartz's Personal Value Questionnaire (PVQ) and a Mental Health Values Questionnaire. He found that there was significant overlap between personal and professional values – a finding which has been cited by other writers (Rowston 2006) and which makes it difficult to differentiate between the two. A further study by Consoli & Williams (1999) presented a values profile of practicing therapists as being characterised by freedom, meaning in life, honesty, health, inner harmony, intimacy, responsibility and capability.

The research conducted in an American context by Jenson & Bergin (1988) identified responsibility, achievement, and autonomy as therapists' primary values. Developing interpersonal sensitivity and intimacy, the expression of feelings, extending coping strategies, flexibility and finding fulfillment were also important. There was strong disagreement with values which related to over controlled sexuality and traditional morality. In terms of religious adherence and beliefs about sexual behaviour, Jenson & Bergin concluded that psychotherapists differed significantly from the American people in general and on this basis Worthington et al (1996), Bergin (1991) and Tjelveit (1986) maintain that religious clients may suffer bias and discrimination if the therapist considers their beliefs as immature or pathological. Pederson (1991) calls for a generic cross cultural attitude in therapy where lifestyles, beliefs and values may be quite different even within the same cultural context.

3.8.5 Values similarity / dissimilarity between client and therapist

Several researchers have investigated the impact of value similarity and dissimilarity on the therapeutic outcome. The relationship between patient/therapist initial values similarity and improvement would appear to be complex and the findings contradictory.

Martini (1978) explored patient- therapist value interaction with a group of alcohol dependent counselees and, again the RVS was the instrument of measurement. She found that there was a significant association between client-therapist value

similarity and ratings of improvement in RET and Psychodynamic but no correlation in the behavioural modification group. She concluded that values were vital to judgments of improvement but could vary with the theoretical orientation and method adopted. Martini's suggestion that the role of values in therapy may vary as a result of the type of theory involved supports Glad's (1959) research. Beutler (1983) found a strong relationship between initial value dissimilarity and subsequent convergence, and concluded that similarity of some values combined with the dissimilarity of others may yield maximal compatibility between patient and therapist. Arizmendi et al (1985) used all of Rokeach's values as independent variables and found that initial similarity of some values and the initial dissimilarity of others was associated with either therapists' ratings of improvement or pre/post improvement on standardized symptom checklist. In some cases there was a strong correlation between values and in others a weaker one. He concluded that specific values operated differently in different situations.

A more recent study by Williams & Levitt (2008) challenges previous findings. These researchers explored clients' experiences of values dissimilarity with their therapists and concluded that, contrary to much of the values literature, clients are not passive recipients of therapists' values, and only adopt those if they consider them to be more appropriate to their situation. Their findings suggest that:

“although client value changes might occur, it seems more difficult for unwanted changes to take place than has been previously reflected in this literature” (p268).

3.9 Qualitative studies

With the growing acceptance of the inevitability of values influence in therapy and the shift from the concept of values as prescriptive rules for living to a more principle based ethic (Levitt, Neimeyer & Williams 2005), research into the role of values in psychotherapy took a more post modern and qualitative turn.

Understanding values as abstractions made them difficult to operationalize and to

measure and Seligman & Katz (1996), Walsh (1995) and Schwartz (1996) all called for values to be researched hermeneutically within the specific context in which they were enacted. Levitt et al (2005) point out that the values activated in one situation to fulfill a certain end, will not necessarily be enacted in a different situation or may serve a different function.

Hoshmand (1998) carried out a study of the commitments of seven eminent psychotherapists using a narrative approach and found that all shared a high sense of commitment to their profession, and a need to improve the human condition and contribute to the social good. They were characterized by a high value on honesty, knowledge, self development and pragmatism and embraced a respectful pluralism and a promotion of diversity. Many of these practitioners attributed their moral sense to the homegrown values of their youth and were aware of an inadequacy of moral resources in a secular world.

Skovholt & Jennings (2004) explored the values of ten master therapists. Although these values were broadly described as ethical values, these researchers affirmed that these therapists operated from high level of virtue ethics which defined their character rather than merely principle ethics which focused on professional obligation. So, in keeping with the research of Verplankton & Holland (2002) it can be argued that certain values have been integrated into the identity of these practitioners and are activated as a result of who they consider themselves to be rather than what they consider right to do. This argument is also consistent with Rowson's (2006) position which maintains that there has to be a significant mapping of personal and professional values for career satisfaction and commitment. Values which Skovholt & Jennings (2004) identified as significant for the ten practitioners were respect, dignity, lifelong learning, integrity, self determination, compassion and responsibility as well as more client oriented values such as confidentiality, competence, a tolerance for ambiguity and relational connection. They observe:

“What seems lacking in the literature is an examination of actual values - perhaps the ‘deeper values’ that guide therapists’ ethical behavior” (p117).

Williams & Levitt (2007) investigated how therapists negotiate values conflict and the role of values in therapy. They carried out a qualitative investigation with fourteen eminent therapists and the guiding questions revolved around the therapists' beliefs about the influence of their values and emotions on therapy and grounded theory was the unit of analysis. Their study was of the lived experiences of how these therapists negotiate values issues in the moment to moment incidents of their lives – a perspective which is in keeping with the views of Walsh (1995) and of Schwartz' s (1996) exhortation to study values in context. Williams & Levitt (2007) found that values such as independence and autonomy were important grounding principles:

“(participants) believed that therapy should be tailored to each client, that clients were experts on their own lives and that therapy should be guided by client expertise” (p168).

These therapists also embraced diversity and pluralistic interpretations of clients' stories. They were hesitant about understanding the client from a singular perspective and looked to clients for direction. When therapists did not feel they could accept the clients goals or strategies, the therapist appealed to their own knowledge based on empiricism. Practitioners in this study considered value judgments inevitable but tried to hold a morally relativist stance and situate themselves within the client's values and use these to guide therapy. A core feature of this sample was their reluctance to force their own values on their clients although two of these practitioners maintained that values such as social responsibility should be discussed openly and said that they would disclose their own values in order to confront clients about his / her values. Agreement on therapeutic goals was considered an essential element in establishing a therapeutic alliance and in promoting understanding and the participants were convinced of the value of promoting client autonomy and of the necessity for therapists to understand their clients within the clients' value dimensions.

Another study by Williams & Levitt (2008) aimed to provide a deeper understanding of client – therapist differences. Their sample consisted of twelve clients from a counselling centre who were asked to comment on interpersonal process recall

interviews between themselves and their therapists. Differences in values was one of issues explored and some of the themes that emerged in relation to this topic were:

- 1) clients are vigilant for signs of difference;
- 2) clients are less likely to talk to their therapists about a difference which might threaten the relationship. The threat was minimized by diverting interest to joint agreements;
- 3) differences can help clients modify their values;
- 4) differences can block progress;
- 5) clients create trust by reminding themselves of similarities with the therapist;
- 6) clients tend to talk about their difficulties when it does not threaten their sense of self.

A particularly significant finding in the Williams & Levitt (2008) study was that clients' vigilance towards differences with their therapist buffered them from value imposition and unwanted influence. This study makes a significant contribution to the understanding of values in therapeutic practice and more research is needed on how values and value differences can be managed. It indicates that clients may be less dependent on professional expertise and have more confidence in their own personal stances – or that therapists, aware of the values influence dilemma, may intentionally be less persuasive in their interactions.

3.10 Values in theoretical orientations

Much less research has been conducted into the issue of the values that are inherent in theoretical models and which incorporate notions of mental health values. Glad (1961) provided an early empirical demonstration of how different theories can be represented in the values embodied in their treatment goals. He found that mental health values were distinguished by the goals and methods of the various schools of psychotherapy thought. Each orientation has its own theory as to what causes problems and what effects cure so, and he argued that, while what is regarded as 'mental health' within the profession may have common meaning and share a

common goal, the methods and interventions which are implemented in pursuit of this goal will vary according to the underpinning theory of the therapist's chosen model.

Murdoch et al (1998) conducted a study of the factors involved in the choice of theoretical orientations. His study suggested that personal values and education were the predominate factors which influence an individual's choice of theoretical model, but his study did not outline which values were influential. He concluded that an awareness of both personal values and those embedded in theoretical orientations contributed to the integrity and congruence between these two sets of values.

Within a British context, Arthur (2000) studied the personality traits and thinking styles of 247 psychotherapists – one group of psychodynamic therapists and one of cognitive behavioural therapists. He concluded that choice of orientation reflects personality and cognitive epistemological styles and stressed the need for goodness of fit between personality and choice of orientation. It is interesting that Archer found a lack of understanding and acceptance – and even hostility - between the two different theoretical orientations, suggesting that the beliefs and values of theoretical models can come to be regarded as absolutes and, as such, regarded as having superior claims over other models.

A further study by Arthur (2001) draws attention to the influence of values which are implicitly and explicitly embedded in theoretical orientations of therapy and which will influence prospective therapist's choice of model. Each theoretical orientation is infused with the values of its founder and reflects a certain world view as to the causes and cures of human distress. Arthur's findings concur with those of an earlier study by Vasco, Garcia Marques & Dryden (1993) who maintain that theories are shaped by particular world views, usually those of the founder, which are largely tacit in nature. They argue that the therapist's personal perspectives, philosophical stance, beliefs and values all combine to make a particular orientation more attractive than another and contribute to a goodness of fit between the therapist's personality and a particular orientation.

An awareness of personal and professional values appears to be a critical acquisition for practitioners of all orientations. Yet, as Kubacki & Chase (1998) point out, little is known about the values which therapists hold.

According to Arthur (2001) , goodness of fit is related to levels of satisfaction among practicing therapists, and Rowson (2006) also emphasises the necessity of an alignment between personal and professional values in order for a therapist to fulfill his or her role.

He points out the possibility of a clash between personal and professional values and maintains:

“When acting in their professional capacity they must value the fundamental objectives of their profession” (p45).

While the fundamental objective for the profession as a whole may be the alleviation of human suffering, there are multiple theories as to the causes and cures of human difficulties. Each model of counselling according to Peavy (1995) has built up a culture around its central ideas about helping, healing and how life should be lived. These are composed of cultural assumptions, beliefs and practices which are often regarded as facts.

Arthur (2001) points out that the values of the theoretical orientations are also often unintentionally and covertly communicated in the therapeutic process and he stresses the importance of awareness and transparency in explaining the underpinning principles of theoretical orientations.

“(clients) may not realize that with their therapeutic treatment comes a philosophical worldview, theory of knowledge and set of beliefs and values that may become embedded in their minds” (p24).

The therapist is faced with the task of integrating personal values, the values of their theoretical orientation and the values of their professional body. In order to promote clarity in this study, mental health values and the values of the theoretical orientations have been referred to as professional values.

An awareness of these various value systems which affect the therapeutic process is considered essential for therapists in order to prevent such values from influencing vulnerable clients.

3.11 Managing values

Fisher Smith (1999) carried out a study in an American context to explore how therapists managed their values in therapeutic practice. Her sample consisted of six therapists from diverse theoretical orientations and she used a grounded theory approach to her data.

She concluded that therapists either used a values suspension or a values disclosure strategy. Those who favoured the latter rejected the possibility of value neutrality and disclosed their own values to the client at the beginning of therapy. Those who favoured a values suspension approach in an effort to achieve value neutrality did not suspend all values, but made a distinction between personal and professional values. Personal values were seen as having more power over the client and more likely to exert undue influence on the client, whereas professional values indicated what was good for mental health and provided direction and goals for the therapy process. Failure to suspend values was considered to lead to authoritarianism while a value neutral approach was considered to preserve client autonomy. Fisher Smith (1999) identified therapists' values as: autonomy, freedom, responsibility, respect and self determination. It would appear that what these therapists valued for themselves was also what they wanted for their clients.

3.12 The function of values

One of the aims of this study was to explore the function values served in human life and in the profession of psychotherapy.

3.12.1 Values as identity

Hartner (1999) maintains that notions of the self are profoundly shaped by social interactions with others. She outlines three phases in the development of a sense of self:

- 1) the child imitates others' behaviours, attitudes and values
- 2) the child adjusts behaviour to gain the approval of significant others
- 3) reflected appraisals come to define one's sense of self as a person

From this perspective identity formation is considered to be an internalisation of the values of the family of origin and its notions of what is good to be and good to do (Dweck 2000) and Kasser (2002) argues that the self seeks out activities that it values - a process which Rogers (1964) claims is an innate function of a 'true' self. This implies that individuals would naturally seek out those occupations which related intrinsically to their interests and values. However, from a more social constructionist perspective, Gergen (1973) maintains that values and professional practice are closely connected and related to the cultural context of the time:

“Value commitments are almost inevitable by products of social existence, and as participants in society we can scarcely disassociate ourselves with those values in pursuing professional ends” (p312).

The influence of social interactions is confirmed in the studies of Skovholt & Jennings (2004) who found that many of the therapists in their study attributed the origin of the values which had attracted them to the profession to the homespun values of their family of origin and although these may be modified over the years, values such as responsibility and care for others remained as foundations for their choices.

Hoshmand (1998) describes identity as consisting of:

“personal ways of knowing and personal ways of being that are continuously evolved in the process of mutual action in our social world” (p17).

She argues that professional identity is gleaned from the actual participation in one's discipline and profession as well as one's self narrative in the cultural reality of the time.

Gullestad (1996) also underscores the relationship of values – especially moral values - to identity and professional choice:

“There is a close relationship between identity and values in that a person usually wants to be something which he or she finds valuable. Constructions of self are therefore dependent upon moral notions” (p20).

and she argues that the values which a person chooses are constricted by the cultural pool of values at a particular time. So aspirations are generally confined to what is known as only what is known can be valued.

Hoshmand’s (1998) study explored how therapists carved out a sense of professional identity and concluded that this originated and was sustained by the value these individuals attributed to the practice of psychotherapy and their vision of how it could alleviate human suffering.

Skovholt & Jennings (2004) also noted that, early in the formation of an identity, these therapists benefitted significantly from the support and encouragement of more experienced people. Most of these role models were supervisors, mentors or teachers who were admired for their qualities and appreciated for their support.

The formation of an identity and more specifically, a professional identity, is significantly related to the values which guide choices and inform evaluations. Rowson (2006) and Griseri (1998) claim that the more congruence there is between personal and professional values, the more job satisfaction will be experienced and these writers urge organisations and professions to be overt and explicit about the values underpinning their aims and practices in order for individuals to fulfil their roles. Rowson (2006) states:

“Professions adopt values that are essential to the successful fulfillment of their role in culturally complex democratic societies” (p53).

3.12.2 Values as motivators

Research into volunteering by Snyder & Omoto (1992) suggests that people are attracted to those situations and professions which provide a context for value

expression. Using a functional approach, these researchers identified a cluster of functions which helping behaviour served. Among those was a value expressive function stemming from the values of altruism and care for others and which motivated a commitment to helping behaviour. According to Snyder & Omoto (1992) individuals seek a context for the expression of their values and the better the fit between organisational and personal values, the greater will be the commitment.

Meanwhile, professions adopt the values which will enable them to pursue their objectives. The values which underpin military organisations will be very different from those of the helping professions, and Gullestad (1996) argues that it is important for a profession to be overtly explicit as to the values that it espouses so that any allegiance to the profession is based on informed choices and an evaluation of the compatibility between personal and organisational values.

So the profession of psychotherapy attracts those people who place a high value on caring for others, and individuals are likely to be attracted to a theoretical model which is aligned to their personal values. Values are therefore significant in both the choice of career and the choice of model, and therapists are faced with the task of identifying and integrating personal and professional values into their practice. When values conflict, the therapist has to make a judgement about which values will take precedence in guiding practice and methods. Unless the practitioners are aware of these values dilemmas they will be in danger of promoting their own values at the expense of those of the client.

Rowson (2006) remarks:

“Professions are entitled to require their members to put aside their personal values when it is not possible to accommodate them in ways that are compatible with professional values and objectives” (p120).

However, putting aside personal values may not be a straightforward operation. Lapsey (1996) believes that people are motivated to behave in self consistent ways and this means that they will strive to behave in ways which are consistent with who they believe themselves to be. When values are integrated into identity, a value which is central to that identity is connected to a sense of integrity and to betray that

value is a betrayal of the self. It is likely then, that individuals will choose a profession which does not threaten their integrity and their notions of what is good to be and good to do.

3.12.3 The religious dimension

An exploration of values without reference to a religious dimension is, according to Taylor (1989) Rowston (1999) unthinkable, but it may be true to say that such a dimension may be more relevant to an American context than to a European one. Religion and psychotherapy are not always viewed as compatible bedfellows. Woolfolk (1998) considers that psychotherapists have taken over much of the role which previously was carried out by the clergy. He describes contemporary therapists as:

“patrollers of the existential night whose mission is to make psychic demons comprehensible, more familiar and less terrible” (p4).

He maintains that religious and psychotherapeutic systems offer alternative and often competing accounts of social and psychological phenomenon and goes on to argue that the demise of traditional religious norms has resulted in a cultural vacuum. People, he claims, no longer have a sense of belonging, and are alienated from the beliefs that made life comprehensible and gave life purpose. He describes their condition in the words of Camus (1960) as:

“deprived of the memory of a lost home and the hope of a promised land”(p5).

Albert Ellis (1980) was overtly suspicious of the role of religion in psychotherapy and described it a ‘treacherous landscape’. He sees the connection between religion and mental health as a negative one, claiming that religious piety and dogma do more harm than good. Taking the stance of a probabilistic atheist, he maintained that many human problems could be associated with absolutist thinking, should and oughts and extreme religiosity.

“Religiosity is, on almost every conceivable count, opposed to the normal goals of mental health. Instead, it encourages masochism, other directedness, social withdrawal, intolerance, refusal to accept ambiguity, lack of self acceptance and reluctance to acknowledge and deal adequately with reality” (p8).

Bergin (1980) opposed Ellis’s view, arguing for a balance between autonomy and conformity and an acknowledgement of the powerful benevolence of religion. He maintains that hypocrisy and superstition is not limited to religionists and suggests that:

“it is an immediately crucial task to describe invalid and self serving value concepts, whatever their origin and weld together those guiding standards from diverse origins that have constructive social consequences” (p645).

Campbell (1975), from a scientific perspective, highlights the benefit to the well being of society of imposed moral norms and criticises the hostility of psychology to traditional religious moralizing:

“Present day psychology and psychiatry in all their major forms are more hostile to the inhibitory messages of traditional religious moralising than is scientifically justified” (p1103).

Worthington (1996) accuses psychotherapy as being unsympathetic to the needs of religious clients, treating religious commitment as, at best immature and at worst, pathological. He argues against this stance and maintains that:

“Religious experience is not only part of multiculturalism but also consistent with the overall direction of a post modern culture” (p448).

He maintains that the growth of interest in religion and spirituality has resulted in increased need for therapists to be aware of the religious values held by their clients.

However, many psychotherapists are wary of religious influences, fearing that the goal of religious therapists may not be congruent with professional or mental health values. Williams & Levitt (2007) observe:

“It is not only beliefs about mental health which appear to be persuasive, but therapists’ personal and religious values have been found to influence clients as well” (p160).

Bergin & Jenson (1990) surveyed the religious values of American psychotherapists and found that there was a low rate of conventional religious affiliation and participation among this group when compared with the general religious trend in America. They concluded that clients are likely to prefer an orientation to therapy which is sympathetic and sensitive to religious perspectives.

Bergin (1991) found that intrinsic religiosity was related to internal locus of control, responsibility, self control, conformity and intellectual efficiency - all qualities which he related to positive mental health.

3.12.4 Therapists’ religious values – American studies

Using a sample of 1,000 clinical psychologists randomly selected from membership of the APA, Shafranske & Malony (1990) explored their religious and spiritual orientations and concluded that, in general, clinical psychologists practicing in America viewed spiritual and religious issues to be relevant in their work, and respected the religious and spiritual orientation of their clients. However, he observed that training programmes seldom addressed the issues of religion and acknowledged the possible conflict between religious and secular values.

Symmington (1984) offers a way of reframing the dilemma by distinguishing between primitive religions whose main function is a social defense against infantile anxieties and mature religion as expressions of man’s highest spiritual leanings and ethical strivings. However, how a therapist distinguishes between these polarities and how s/he responds to a client’s religious orientation will depend on the degree to

which the therapist is aware of his/her personal stance on such issues and his / her ability to identify the personal values which are brought to bear on the therapeutic interaction.

3.13 Limitations of research findings

Evidence from those studies would suggest that, although there are core values which are shared by the therapeutic profession as a whole and which form the basis of therapeutic practice, there are various constellations of personal values which are attracted to one theoretical orientation rather than another. However, all the empirical research studies cited used quantitative measures and as Hitlin (2004) points out:

“measuring values, like measuring many social psychological concepts, is imperfect” (p6).

One of the difficulties in researching values is the problem of meaning. The concept of values can be understood in various ways and a definition of values it is not always clear in some studies. Rokeach's studies provided a definition of values as guiding principles, and other studies such those of Kluckholm (1951) and Schwartz (1996) also use this definition. However, Smith (1969) maintains that too many concepts are studied under the one rubric, a position which is underscored by Howard (1985):

“The term value has served as a catchall category for an enormous array of very different judgments, decisions, preferences and orientations” (p255).

A further factor influencing these research findings is the socio cultural context in which the research took place. Only Arthur's (2000; 2001) studies were conducted within a British context. Most of the research findings are based on American studies and, given the importance of cultural factors in the practice of psychotherapy, it cannot be taken for granted that such findings would be entirely transferrable to a

British context. While American values may not differ significantly from those of the UK, there is likely to be a difference in the prioritising of these values. Religious values would illustrate this point. In America religion is a high priority for two thirds of the population according to Gallup (1985), church attendance is estimated to be a practice of 90% of the population and 70% belong to a religious denomination.

In Europe however, the situation is very different. Church attendance is low – according to Davie (1994) only 14.4% of Britons claim membership of a church and only 44% report religion as being important in their lives. The European Values Survey (1999) also reports that religion is less important to most Europeans than family, friends and leisure time.

Another factor influencing the findings of this study is the post modern and pluralistic context in which it is situated. The rapid rise of post modernism, and the adoption of a pluralistic value system has ousted the notion of a monistic system of values previously accepted by society and as a result, values are apt to be considered relative, situational and socially constructed, which makes both their conceptualisation and their measurement challenging.

3.13.1 Lack of clarity

Although therapy is no longer considered a value free activity, it appears from several research studies that the role and function of values in professional practice is neither well understood nor well researched (Rohan 2000).

Researchers appear to share the observation that, to a large extent, values function below the level of awareness – so their influence on clinical practice is mostly unnoticed and therefore unmanaged. Tjeltveit (1999) expresses concern over the status of values in therapeutic practice and points out that they are rarely examined, can be subtly conveyed in language, symbols and stories, and so deeply and widely held in a culture that they remain unnoticed.

Hoshmand (1998) describes that the role of values within the profession of psychotherapy as confusing and lacking clarity while other researchers such as

London (1986) and Prilleltensky (1994), while acknowledging the significant effect of values on behaviour, agree that values are not well understood and rarely questioned. While Tjeltveit (1982) argues that value convergence is not the intention of the therapist, the therapist’s interventions contribute to the client adopting the therapist’s values whether or not the therapist is aware of this.

Self-awareness is one of the sacred values of the therapeutic profession so the findings which stress the lack of awareness of the influence of values pose a serious challenge.

3.13.2 The post modern turn

Post modernism is a description of the era which has emerged from modernism. The term ‘post modernism’ is described by Kvale (1992b) as having several uses:

Table 8 Definitions of post modernism

1.	Refers to the socio historical conditions of a post modern age
2.	Refers to the cultural correlates of a post modern age
3	Refers to the philosophical and scientific correlates of a post modern age

One of the significant changes that post modernism has ushered in is the movement from a monistic to a pluralistic system of cultural values which provides both opportunities and challenges for the issue of values in psychotherapy.

3.13.3 Values diversity in a post modern context

Even if therapists were aware of their values, the diversity and plurality of values within a post modern culture means that therapists can no longer assume that they share a common value system with their clients. Williams & Levitt (2005) maintain that:

“Psychotherapists have traditionally embraced core values and beliefs that differ significantly from many values and beliefs that pervade contemporary, commercially oriented Western cultures” (p140).

This claim is consistent with Jenson & Bergin’s (1989) survey of American psychotherapists and Bergin’s (1980) findings which concluded that American therapists are significantly more liberal, less religious and more humanistic than their clients.

Beutler ‘s (1986) study found empirical support for the claim that therapist and patient have different belief systems from those of their clients particularly around the issues of religion and morality.

3.13.4 The morality question in a post modern context

The notion of morality is both a powerful and ambiguous one and one which is difficult to define because of the different meanings and values it has had in different eras.

Values and morality have co existed at a relatively compatible level over previous eras within a single value system which was, to a large extent, endorsed by a society, which operated on a shared understanding of what was considered ‘right’ and ‘wrong’ conduct. Institutions such as churches, educational establishments and political forces were recognized as having the authority to identify and promote these values which were considered as contributing to the society of the time. So, at a basic level, morality has been perceived as concerned with notions of right and wrong conduct, and what was considered right or wrong was largely dictated by the major societal institutions and imposed on a population as moral obligation.

3.13.5 The problem with truth

Pluralistic theory involves a shift from a restrictive to an expanded values system. Throughout history, healing practices have been based on notions of the good life which were, in turn, a reflection of the monistic value system of a particular society. Each epoch prescribed what was good to be and good to do, and frequently imposed sanctions on members of society who did not conform to the moral climate of the

time. Despite the restrictions such a system imposed, it did provide clear indications of what was considered right and wrong and a degree of certainty as well as a sense of meaning and purpose.

The post modern and pluralistic turn within contemporary society has banished such certainties and rejects what is perceived as the unjustly limiting perspectives imposed by a monistic system. Diverse and multiple viewpoints are now regarded as expressions of an individual's perspective and evaluated as legitimate personal preferences - although none are permitted to claim absolute truth status. Kane (1994) suggests that we have become the

“first people in history who are not convinced we own the truth” (p13).

Freed from the restrictions of a monistic value system, individuals are encouraged to look within themselves for guides for living rather than to some external authority.

3.13.6 Relativity as moral slippage

However, critics of pluralism point out that since no value is considered any better than another, there is a danger of a slippage into relativism or nihilism which undermines life's meaning and purpose. Although free from many of the moral sanctions imposed on previous generations, contemporary individuals are described by Cushman (1995) as 'empty selves', characterized by a lack of personal conviction and worth as a result of the loss of community, tradition and shared meaning.

Reiff (1966) expresses the dilemma as:

“the absurdity of being freed to choose and then having no choice worth making”(P93)

While Taylor (1991) acknowledges that post modern freedom came about by breaking loose from older moral horizons, he perceives the consequences of such freedom as the promotion of individualism and a loss of the heroic dimension to life:

“The dark side of individualism is a centering on the self, which both flattens and narrows our lives, makes them poorer in meaning, and less concerned with others or society” (p4).

3.14 Alternative constructions

However, many writers are optimistic about the possibilities that a pluralistic framework offers. Kelly (1991) founded his theory of personal constructs on the notion of constructive alternativism, proposing that all our present interpretations of the universe are subject to revision and replacement and that:

“Whatever nature may be or however the search for truth will turn out in the end , the events we face in our lives today are subject to as great a variety of constructions as our wits will enable us to conceive” (p11).

Rogers (1973) also explores a pluralistic approach to the possibilities of alternative frames of reference out with our current understanding and knowledge:

“There may be few who will dare to investigate the possibility that there is a lawful reality which is not open to our five senses; a reality in which present, past and future is intermingled, in which space is not a barrier and time has disappeared....It is one of the most exciting challenges posed to psychology” (p368).

Kekes (1993) is optimistic that a pluralistic conception of human possibilities may erase much of the tension between religion and psychotherapy. He believes that one of the happy consequences of pluralism is that both conservative and liberal thinking can be compatible. He argues that people derive psychological sustenance from their traditions and Campbell (1975) also argues that religion has continued to provide well tested recipes for social living in terms of the value placed on compassion, care and forgiveness. Campbell’s view is that such values are true because they are useful rather than have their basis in some authoritarian source which demands that such truths are universal and binding on all.

Pluralism encourages a variety of meanings, interpretations and definitions and promotes the tentative and explorative nature of truth. Previous notions of morality as representing the mores and norms of a particular faction of society have now given way to less evaluative and more explorative perceptions. Within a post modern framework, the term 'morality' is not understood in any normative or pejorative sense, but refers to the broadest themes endorsed by culture regarding the sense of how life ought to be lived

According to Cushman (1999) morality refers to our deepest sense of what life is about – the deepest understanding of what is good, worthy and desirable.

Prilleltensky (1994) defines a moral action as one which enhances the well being of others while Kekes (1993) maintains that morality can be defined as:

‘humanly caused values in which the benefits and harms affect primarily others’ (p18).

Other writers such as Nucchi (2004) and Blasi (2004) also promote the idea of morality as a concept which involves behaviour and attitudes towards others rather than a culturally defined code of conduct determining right and wrong. People in contemporary society are less likely to look to some external code to determine moral conduct; now the point of evaluation is deep within each individual - one's personal concepts, reasoning and actions which pertain to the welfare, rights and fair treatment of others. Morality and values then, can be linked together in their notions of obligations and ideals.

3.15 The search for new certainties

Reiff (1966) and Furedi (2004) have suggested that, in an era devoid of any institution with the authority to prescribe what is good or bad, therapy has taken the place of religion, and, these writers claim that it is to therapeutic notions that members of society look for guidance on the best way to be. Writers such as Curtler (1997) Woolfolk (1999) maintain that despite the demise of the grand narratives and overarching theories, human beings continue to require a belief system that explains

social reality and personal existence. They maintain that people are looking to psychology – and in particular psychotherapy - to produce the norms that will provide them with sufficient understanding to help them predict events in the world. Although it has accomplished much, Curtler (1997) claims that post modernism has removed the social glue that held communities together and gave a sense of unity and purpose to life and people now regard psychology and psychotherapy as a significant moral force in society. So while practitioners need to be convinced of the efficacy of their profession, they need to examine and critique the assumptions on which their theories are based (Downing 2000).

Kelly (1962) offers an encouraging observation:

“despite all the blatant claims that are made on every hand, no one has yet constructed the final answer to the question of what is good and what is evil, and the moment he gives up the enterprise, he is lost” (p14).

3.15.1 Psychotherapy as moral influence

Therapy has been accused of avoiding the issue of morality with its connotations of judgmentalism, dogma and standard setting. Writing from a professional standpoint Lomas (1999) says:

“there is a serious lack of discussion of morality in the field of psychotherapy”(p128).

And from media perspective, Eileen Goodman an American journalist, writing in the American press observes:

“I wonder if the adoption of Shrink –ese as a second language, the move from religious phrases of judgment to secular words of acceptance hasn’t also produced a moral lobotomy. In the reluctance, the aversion to being judgmental, are we disabled from making any judgments at all?” (p7 in Doherty 1995).

A post modern understanding of morality is more compatible with therapeutic practice than were previous absolutist truth claims as it allows for morality to be defined within an individual's personal value system.

Leary (1980) claims that psychology has developed upon a foundation of moral concern for human welfare and the understanding and improvement of human conditions. He argues that the personal and professional values espoused by psychotherapists are essentially moral in nature. Christopher (1996) maintains that notions of morality pervade the profession of psychotherapy, and other writers such as Cushman (1990) and Woolfolk (1998) also argue that psychotherapy is a moral enterprise, with its vision of the good life, its ideologies of cause and cure and its ideas as to what a person is and should be.

3.15.2 Therapists as secular priests

London (1986) observes that the ultimate reference for morals in western society was once God but the absence of religious belief does not make people indifferent to morality. He argues:

“ that the psychotherapist's situation differs much from the priest's is, I believe, a convenient fiction” (p10).

Marshall Lowe (1969) calls attention to a 'crisis of values' experienced with the breakdown of traditional morals, norms and belief systems. He argues that the uncertainty of contemporary life discourages people from holding firm or certain beliefs and values and so turn to counsellors as the new moral authority. These secular priests make pronouncements as to what constitutes a healthy way of living (mental health), what a person should be and what s/he should become and, according to Woolfolk (1998,) this constitutes counselling as a moral enterprise:

“Psychotherapy is a morally laden enterprise whose theories presuppose viewpoints both on ideal human functioning and on human baseness and peccability” (Woolfolk 1998 p18).

3.15.3 The good life as moral concept

Writers such as Cushman, (1993) Doherty (1985) point out that notions of mental health are informed by an understanding of what constitutes the ‘good life’ - a broad theme endorsed by culture as the best way to live (Christopher 1996; Taylor 1991). Kekes (1993) argues that the search for the good life is the main aim of the psychotherapeutic engagement and each theoretical orientation has its own notion as to what constitutes the good life and the means of attaining it. Tjeltveit (2006) questions how ideas of the good life underlie the notion of beneficence and observes that psychotherapists rarely articulate their ideas of the good life. He warns that there can be a tension between psychotherapists’ notions of the good life and those of the clients and client goals in situations when conflicting ideas of the good life can result in the client’s autonomy being undermined.

3.16 Psychotherapy as a cross-cultural experience

Pederson et al (1981) argue that there is a cross cultural gap in every therapeutic relationship and cites the research of Bergin (1980a) which claims that therapists are less committed to traditional values than the ordinary American citizen. So, although client and therapist may share a common culture, this is no guarantee that they share similar notions of what constitutes the good life and what constitutes right and wrong. It cannot be assumed that both hold a common value orientation as to what would be a satisfactory resolution of the distressing event brought to the therapist by the client and what the correct approach might be.

“There are no generally agreed definitions of the troubles which people bring to their therapists and no general agreement as to how their troubles can be relieved....psychotherapists inhabit an uncertain world” (Lomas 1999 p136).

However, uncertainties and tensions are considered by Kekes (1993) to be an inevitable part of pluralism. It is this uncertainty which creates possibilities of alternatives other than those which exist within traditions and culture. This suggests that therapists need to have an awareness of their own, as well as their client's, tendencies to be encapsulated within a particular cultural framework.

3.16.1 Cultural intelligence

Several writers have explored the notion of cross-cultural or multicultural counseling (Pederson et al 1981) and emphasized the importance of understanding clients in terms of their historical and cultural background. However, most studies have focused on ethnic minority groups although contemporary culture is recognizably pluralistic and diverse in many different ways. It has been left to the world of business to develop this notion to cover a wider and more general perspective.

Advances in technology and communication, together with the development of a world market, has resulted in the rise of the global team – a working force composed of people with different specialities and originating from various cultures, ethnic groups and professional backgrounds. Managing such diversity in order to promote an optimally functioning team demands what is termed as cultural intelligence – the ability to interpret and understand unfamiliar cultural meanings and values and to respond in an appropriate manner without becoming entangled in the thrall of their own convictions and culturally embedded notions of truth. (Earley 2003)

This can prove a useful concept for therapeutic practice. A level of cultural intelligence allows a therapist to function effectively within the diversity of contemporary society and focuses on understanding the client's perspectives and convictions, responding with awareness and sensitivity and communicating within the client's framework. It differs from contemporary humanistic theory in that it entails a radical awareness of one's own underlying assumptions about health and illness, the good life and the values which are embedded within them.

Lomas (1999) maintains that therapy operates on the belief that some ways of living are better than others and this can cloud an understanding and appreciation of diverse

perspectives and culturally challenging meanings. It is left to Kelly (1991) to provide a culturally intelligent corollary which encompasses all relationships.

“ To the extent that one person construes the construction process of another, he may play a role in the social process involving the other person” (p66).

In a society which has largely rejected a monistic system of values, there can no longer be a taken for granted assumption that people operate within a shared value system and even when values may be similar, the meaning and importance of these values may not be justified on objective grounds. Kekes (1999) argues that while human life would be inconceivable without values:

“what values people accept will depend on the context in which they were born, on their genetic inheritance and subsequent experience, on the political, cultural, economic and religious influences on them” (p8).

This is true of both client and therapist, and for the latter, such an awareness becomes a moral issue in the light of the importance of values in the lives of human beings and the potential for the promotion of unacknowledged values within the therapeutic encounter.

3.17 A pluralistic framework for psychotherapy

Cooper & McLeod (2007) have proposed a framework for the practice of psychotherapy within a post modern and pluralistic society. They acknowledge that a unitary model of counselling and therapy is at odds with a pluralistic culture and maintain that causes of human distress are multiple and diverse and no single theory is adequate to address these. They also argue that no theoretical orientation has been proved to be more effective than another but that all have contributions to make to the understanding of human behaviour.

Although pluralism challenges the belief in absolute values it does not rule out their possibility. Campbell (1975) has argued that many values have been tried and tested

as viable recipes for living and should not be relegated to a moral abyss. Cooper & McLeod (2007) base their theory on several core values – respect for clients and their perspectives, openness and inclusivity, the celebration of diversity, a tolerance for uncertainty and valuing of relationship.

Kekes (1993) maintains that although pluralism involves a celebration of human possibilities, it also involves the necessity of imposing limits. He argues that not all possibilities are achievable and not all possibilities are legitimate. He contrasts this position with the constraints to possibilities which are a result of convention, culture or habit and suggests that pluralists must show how reasonable limits can be placed on the pursuit of the plurality of values:

“The limits follow from the pluralistic view of the nature of values. Possibilities are valued from the human point of view ...and seen as being good or evil depending on the effect their realization has on human beings” (p15).

One of the characteristics of a pluralistic society is the co existence of multiple yet often conflicting values and possibilities. Finding a believable framework in a context characterized by uncertainty, fragmentation and foundationlessness can be, according to McIntyre (1982) and Taylor(1989) described as a quest.

“Not to have a framework is to fall into a life which is spiritually senseless. The quest is thus always the quest for sense” (P18).

A pluralistic framework offers a creative and viable way of pursuing a good life by acknowledging the inevitability of tensions and conflicts in human living – between the incompatibility of restrictions and opportunities, obligations and freedom, principles and pleasures, gains and losses. For Kekes (1993) the quest is for the ‘good life’ whatever that may mean to the individual. Exploring conceptions of what constitutes a good life and identifying those values which warrant allegiance in pursuit of this is consistent with and facilitated by a pluralistic framework.

3.18 Conclusion

The nature of healing has always reflected the beliefs of the society of the time and, in much the same way, contemporary psychotherapy is at present is an expression of the way society is now. Although originating in a modernist context, psychotherapy is now infused with post modern and pluralistic values which both challenge and enhance professional practice.

Acknowledgement of the value laden nature of psychotherapy has highlighted the need for therapists to be aware of their personal values as well as those of the theoretical model which guides their practice. Research indicating the potential for values convergence poses a dilemma for therapists who are committed to promoting client autonomy and maintaining their own integrity and authenticity.

However, post modernism liberates therapy from the monistic system of values that prescribed standards and norms by which right and wrong were evaluated. A new conception of morality as humanly caused benefits is one which therapists can engage in with without appearing moralistic or judgmental.

The literature suggests that therapists lack awareness of both their personal values and of those implicit in the theories which underpin their practice. In order to establish and maintain integrity, a highly valued attribute in psychotherapeutic practice, therapists need a greater awareness of the socio historical foundations of their profession and the role and function of values in their practice in a post modern and pluralistic society.

3.19 Addressing the issues arising from the literature search

This chapter has presented arguments for the importance of values in the practice of psychotherapy. The review of the conceptual and empirical literature that has been presented in Chapters 2 and 3 suggests three key research questions that require further attention within the psychotherapy profession:

- 1) What values inform the practice of psychotherapy?
- 2) What are the origins of therapists' values, and how do they develop?
- 3) What role do values play within the process of psychotherapy?

These three questions form the basis of the research that is reported within this thesis. In reflection of some of the limitations of previous research, identified within the literature review, the work that follows has attempted to explore these research questions in a manner that is socially and historically contextualized, and which acknowledges the complexity of values-in-practice.

Study 1 (Chapter 5) identifies the values which a group of practicing therapists cite as important guiding principles in their lives and explores the origins and development of these values while study 2 (Chapter 6) considers the ways in which one experienced therapist managed values issues in the therapeutic process.

An account of the methodological choices and procedures that informed the design and implementation of these studies is provided in Chapter 4, and the findings of the studies are discussed in Chapter 7.

4 METHODS AND METHODOLOGY

4.0 Introduction

This chapter has two main sections. The first explains the theoretical and philosophical issues that I wrestled with in order to arrive at a research paradigm and methodology which would best suit the aims of the study. The second part of this chapter describes the choices, ethical decisions and principles that were part of the study and had to be addressed in order to fulfill the demands of scientific research. It expands on the reasons for the choice of topic, decisions about sample and ethical procedures and my efforts to comply with the tenets of good qualitative research.

4.1 Principles guiding choice of methods

The aim of the study was an exploration of the values that a group of therapists considered to be important principles in their professional lives, the source of these values and their impact on professional practice. The first section of the chapter describes and justifies the rationale for the choice of paradigm and the formation of the research design within which this study was conducted.

Denzin & Lincoln (1980) and McLeod (2001) claim that the researcher's choice of method is strongly influenced by the position s/he takes within the epistemological debate, so I shall endeavour to establish consistency between the methods chosen to explore my area of interest - the phenomenon of values - and the philosophical, epistemological and ontological stance of the paradigm within which the study is framed. Since the knowledge gleaned from the study is dependent for its validity on its conformity to methodologically justified procedures, the examination of the methodological principles is an importune part of the research project.

“The ‘goodness’ of qualitative inquiry is assessed on the basis of the paradigmatic underpinnings of the research” (Morrow 2005 p 250).

A paradigm, which is a basic set of beliefs that guide actions, consists of three elements – an epistemology which asks –‘how do we know what we know?’ an ontology which asks 'what is the nature of reality?' and a methodology which describes how a researcher gathers knowledge about the issue under exploration. The status of the knowledge gained from a research project is significantly influenced by the epistemological and ontological claims of the paradigm within which the research is structured and on which the research design is based. I embarked on the task of exploring quantitative and qualitative research paradigms and the different implications they had for my study.

The results of this search will be presented in three sections. The first will examine the epistemology and ontology of the quantitative and qualitative paradigms that I explored, compared and evaluated for their suitability for my study. The second explores the relevance of a postmodern philosophy and its appropriateness as a context which best illuminates the contemporary culture in which the study takes place. The third section justifies the methods chosen as being compatible with the first two issues.

4.2 Methods used in previous studies on values

Most of the major studies of values within the last twenty five years, such as those by Rokeach (1973) and Schwartz (1993) have conducted their research within a quantitative paradigm and conceptualised values as objective, internal standards against which individuals select a course of action. All of the papers published in the Ontario Symposium on Motivation (1996) used questionnaires, survey methods, content analysis or other forms of quantitative research methods in order to measure value systems , establish causes and predict future behaviour from a knowledge of the values held by individuals. These studies assumed that values were an inherent part of an individual and were best understood when removed from their specific context and generalised as abstract entities whose meanings are assumed to be constant across persons and situations.

Rokeach's Values Survey (RVS) assumed a social consensus on values, linked these to the grand narratives of the day and suggested that there was a universal dimension

to values. His study imposed pre-established value terms and a priori value structure on the experiences of the research participants.

Schwartz's (1990) more recent studies present a theory of values that focuses on a universality of values and he presents ten motivationally distinct types of values which he claims are recognisable in all cultures. His research offers a new values measuring instrument based on his theory and emphasises its suitability for cross cultural research. His interest focused on the motivational and goal oriented aspects of values, but, while this held a certain interest for me, having completed two previous post graduate research degrees on the subject of motivation, I did not consider this research to offer me a methodology for addressing my research question.

A significant reason for rejecting the methodology of previous values studies was the recognition that, in a pluralistic society, we can no longer assume a consensus as to which values are espoused by individuals, and it can be argued that, given the rapid changes in society over the past decade these values which were shared under a 'sacred canopy' of Western Christianity cannot be assumed to guide, predict and influence thinking and behaviour as they have done previously. So I needed a methodology that was not based on universal, taken for granted meaning and that did not rest on the assumption that there is something homogenous and uniform that can be labeled 'values'.

Although the significance of the role of values in psychotherapy has been acknowledged by many writers over the years (Beutler 1971; Arizmendi et al 1985; Bergin 1991; Tvelevit 1999), there have been few studies that have looked at the concept of values as ideographic and subjective phenomenon encapsulated within a historical and political context, and that guide the choices people make in certain situations and for certain reasons. Such a study called for a methodology that would allow the participants to express their values in their own terms and in their own words rather than one that would pursue the goals of nomothetic and objective truth.

4.2.1 Personal reflections

I came to the conclusion that the methodology I chose would have to be consistent with my ontological and epistemological stances. While reluctant to be positioned in any particular philosophical tradition, I had to acknowledge that I embraced a constructivist approach to life and found its concepts, invitations and challenges both credible and useful. It encouraged an exploratory focus to my research in that I was not looking to validate any preconceived notion or uncover a specific 'truth'. A constructivist approach encouraged me to be open to the participants' experiences and to realize that:

“what we think we know is anchored only in our own assumptions, not in the bedrock of truth itself, and the world we seek to understand remains always on the horizon of our thoughts” (Kelly 1963 pp5 – 6).

I had expected the participants in the study to be aware of their values and to be able to articulate these fluently and confidently. However, I discovered that values were very much taken for granted guides for living which were not often reflected on nor evaluated. As a consequence, the interview schedule was revised to frame responses within issues which reflected values – choices, goals, and conflicts are all value laden and can provide a way of exploring values and their impact on behavior in a more comprehensive way.

One of the surprises of the study was recognizing that the experience of disjuncture was common to all the participants and a necessary stage in the evaluation and formation of value systems. It seemed to me that a therapist's understanding of his / her own disjuncture experiences could be a valuable resource in the practice of therapy if construed as an essential part of growth, challenge and opportunity rather than threat. Understanding the disjunctures that had occurred – and were occurring - in my life from a constructivist / values perspective enhanced my self - understanding and clarified ways forward. This constructivist perspective which suggests that all that exists is open to reinterpretation influenced all my research activity.

4.3 Philosophical Underpinnings

All research is grounded in philosophical assumptions and McLeod (2001) observes that any choice of method is strongly influenced by the position one takes within the epistemological debate. He maintains that research needs to be linked to wider epistemological and ontological questions.

In the light of these recommendations, I embarked on a quest for an understanding of the epistemologies and ontologies that underpin the two main research paradigms of quantitative and qualitative research with a view to deciding which paradigm would be most appropriate to my area of research. My goal was to establish my own ontological and epistemological stance and to find a methodology that was congruent with this position.

The concept of epistemology - the study of how we know what we know, or what the rules for knowing are - originated in the Aristotelian era and was considered to be the study of the *episteme* (that which was known to be true). Gradually, over the years, it has come to mean the search for methods and foundations that validate the logic of our beliefs.

While epistemology addresses the question of how we know what we know, ontology addresses the nature of the world and of human beings. Scheurich (1997) maintains that the separation of epistemology from ontology is an artificial distinction, since what I see will depend on how I see. In this section, I will consider the epistemological and ontological beliefs of both quantitative and qualitative paradigms.

4.4 A quantitative paradigm

Quantitative methodology is concerned with measurement and was built on the assumption that truth could be uncovered by using correct procedures and observations. It has been the paradigm of choice in psychology research for many years as its claims to scientific respectability were coveted by the emerging profession.

4.4.1 A quantitative ontology

The quantitative approach relies on the ontological belief in an objective reality and a knowable world which can be objectively observed and measured. The influence of the Enlightenment with its concern for knowledge and scientific methods promoted the ideology of progress and freedom through knowledge and the understanding and subjugation of the natural world. In other words, the quantitative paradigm maintained a view of a real world that could be discovered through the application of scientific methods and objective observation

4.4.2 A quantitative epistemology

It was assumed that the objective, scientific methods applied to the physical world would ensure that accurate discoveries were made about the empirical world. Such empirical knowledge would replace superstition and religious dogma by emphasising the superiority of scientific thought and such knowledge would secure freedom from many of the inequalities and injustices and the abuse of power by crown and clergy.

This position, which has come to be regarded as a modernist stance, was based on an epistemological notion of knowledge where reason and rationality were considered to have sovereign rule and, ontologically, on the belief in an independent reality that existed “out there” and could be discovered by the application of the “correct” scientific procedure.

These assumptions led to a legitimising of knowledge that claimed to be scientifically based and therefore considered unquestionable. On this premise was based the importance of scientifically proven knowledge which provided what was claimed to be undeniable facts about the world and the theoretician was regarded as legitimising proven knowledge. Within this epistemology, a quantitative research paradigm with its emphasis on measurement, objectivity and discovery was considered the most credible means of uncovering knowledge and establishing

truths. Quantitative methods were regarded as scientific and thus secured a privileged position in the research world.

4.5 Changes in society

Faith in this modernist paradigm with its promise of freedom, equality and progress has been eroded by two world wars, environmental crisis and an increasing poverty gap between rich and poor. The failure to produce sufficient evidence of having met its goals has resulted in a questioning of the grand truths and taken -for -granted assumptions that guided a modernist society and which was the basis of its definition.

Socio economic changes in the last decade have led to the disruption of modernist notions of thought that claimed an objective reality and a knowable world which could be observed and measured by the application of scientific, value free methods. There is an increasing trend to challenge the “truth” claims of previous research findings, the possibility of value free research and to emphasise the socially and historically constituted status of knowledge. Such trends are characterised by a disbelief in universal systems of thought, a questioning of “grand narratives” and a focus on local and relative interpretations of meaning and truth.

4.6 A qualitative paradigm

Social changes have given rise to more humanistic approaches in the discipline of psychology and the shift in interest from measurement to meaning has generated other ways of researching human behaviour. Subjectivity and interpretation also claim scientific status (Elliott 2008) and the search for meaning and understanding has replaced the search for truth.

4.6.1 A qualitative ontology

These alternative ways propose other ontological and epistemological positions which are very different from those of the traditional researcher. Objectivity and value neutrality have been rejected and the researcher does not claim to be writing up social facts but is creating representations and offering an interpretive understanding of aspects of social life as experienced by the actors in that life.

The origins of this paradigm are to be found in an earlier age – namely in the anthropological orientation of the Chicago School of the 1930s. This paradigm is not concerned with quantifying and measuring in order to render theoretical concepts observable, manipulable and testable but instead emphasises a search for meaning, understanding and exploration.

The ontological stance of this qualitative approach maintains that there is no objective reality, or if there is, it is impossible to uncover since all human beings will construct a world through the lens of their own historical, political and cultural background. So a qualitative paradigm would maintain that there is neither a stable reality nor a stable self to be discovered.

4.6.2 A qualitative epistemology

This ontology has significant implications for epistemological issues. If there is no “real” world to be discovered, how can the researcher aspire to valid knowledge or discover “truth”? All knowledge is considered to be socially constructed and representations of the world are always mediated, part of a debate rather than a fixed truth.

Within a qualitative epistemology, the influence of culture assumes significant recognition. If all knowledge is historically situated, then it follows that it cannot be divorced from its contextualised meanings, and these may have different functions in different epochs and have been adaptable to the needs of that epoch.

McLeod (1996) suggests that all qualitative approaches to research by and large share this constructivist approach to knowledge. They hold a common assumption that no one has access to a single, stable and fully knowable external reality on which to base knowledge claims and proclaim universal truths. They are characterised by a skepticism that challenges previously taken for granted assumptions, a commitment to close scrutiny of the research phenomenon, an appreciation of objectivity and a tolerance for uncertainty.

A qualitative paradigm rejects the notion of value free research and the possibility of objective methods. The researcher is considered to come to the inquiry with his/her own beliefs, values biases and blind spots so the research is inevitably influenced by the beliefs and world views of the researcher as well as his/her social class, gender and profession.

Qualitative research rejects notions of objectivity and claims of freedom from personal prejudice. If an unbiased and unprejudiced viewpoint is impossible then the conceptualisation of knowledge changes significantly. It becomes regarded as always incomplete and understood from a particular perspective, part of a debate rather than a fixed truth, generated by interaction and interpretation and concerned with the meanings embedded in social life and practice. So a qualitative paradigm suggests that the world we inhabit and the self we have come to know are socially constructed – significantly influenced by the historic, political and social culture in which human beings are embedded.

There is therefore a distinction between two kinds of knowing – the natural sciences sought explanations and the human sciences sought meaning. Scientific knowledge – which was considered to provide undeniable facts about the world - has given way to more pluralistic and relative ideas about how the world works, measurement has had to make way for meaning making and a spirit of constructivism would consider all views and opinions as equally legitimate. Reality cannot be encapsulated under a singular epistemology. There are many ways of seeing but none should be dominant.

Qualitative research requires a different way of looking at people, one that encompasses a different way of understanding social life. I came to the conclusion that it could provide a basis for exploring a real life issue such as values by offering a set of flexible and sensitive methods for opening up some aspects of meaning in

social life that had previously not been extensively explored or well addressed. Denzin & Lincoln (1994b) argue that:

“Qualitative research lays down its claim to acceptance by arguing for the importance of understanding the meaning of experience, actions and events as these are interpreted through the eyes of particular participants, researchers and (sub) cultures and for a sensitivity to the complexities of behaviour and meaning in the contexts where they typically or ‘naturally’ occur.” (p27)

To pursue a study of values in contemporary culture meant the questioning of many of the sacred beliefs and common sense assumptions that society has come to regard as timeless truths.

Tjeltveit (1999) maintains that:

“ values are rarely examined. They are conveyed subtly in symbols and stories. They can be so deeply embedded that they remain unnoticed” (p4).

I decided that a qualitative paradigm with its allegiance to constructivism best suited my study. Such an approach provided me with another way of looking at the phenomenon of values. Previous assumptions are suspended and I would have the opportunity of exploring the meaning and practices associated with the phenomenon of values from the point of view of the individual in his/her life and practice. However, I soon realised that the adoption of a constructivist paradigm was fraught with difficulties. On one hand, the term was so broad as to be confusing and difficult to define.

“Speaking of constructivism as a singular noun is more rhetorical than realistic in that any close listening to the post modern chorus reveals a polyphony of voices, not all of which are singing the same key” (Neimeyer 1995 p57).

In order to navigate my way through the perils of constructivism, I decided to look at the cultural ethos within which it is embedded and from which it evolved.

4.7 Post modernism

Constructivism has been shaped and influenced by post modernism. One of the areas I wanted to explore in my study was that of the relationship between values and the cultural and social assumptions, influences and practices that operated in the social milieu of the professional practitioner. The term “values” has a universal and taken-for-granted meaning and is seen as self evident and familiar, resting on the assumption that there is something homogenous and uniform that can be labeled “values”. Yet there is an uncertainty about what the term ‘values’ refers to and what role these serve both for the individual and for society. I wanted to look at the term as socially constructed, influenced by historical and social contexts rather than a natural cultural phenomenon. Alvesson (2002) suggests that:

“A dose of post modernism can make all the difference. Its business is the elegant and convincing unpacking of a dominant notion.” (p92).

Post modernism is our culture’s best attempt to critique our most fundamental assumptions – particularly those that constitute reality, subjectivity, research and knowledge. The destabilising of many cultural values – such as the right of the ‘expert’ to control knowledge and nature - indicates the important shifts in contemporary society that call for new ways of understanding. The post modern critique seemed to me to be a productive starting point for the critical exploration and evaluation of assumptions about how to produce knowledge and about the status of reality.

Whether or not one accepts the term ‘postmodern’ as a description of our present era, we cannot fail to recognise and acknowledge the disintegration of the grand narratives and the challenge to previously conceived notions of objective reality and truth . This is undoubtedly an important issue and one that is fraught with difficulties for the researcher.

“The challenges postmodernism poses seem endless. It rejects epistemological assumptions, refutes methodological conventions, resists knowledge claims, obscures all versions of truth and dismisses policy recommendations.” (Rosenau 1992 p3).

The social sciences have been strongly oriented towards empirical research and the collecting of ‘pure data’ which provided a solid bedrock for research projects. The previous claim of these empirical findings proving or disproving hypotheses was based on the belief in an independent reality. However, postmodernism encourages another way of thinking and re-evaluating the pillars of social science on which knowledge has been built. It casts doubt on the ability of any tradition or method to claim general or universal truths as the right of privileged forms of knowledge. Post modern challenges to the researcher’s ability to capture the essence of an independent reality, the impossibility of value free research and the questioning of claims of privileged forms of authentic knowledge have presented a strong challenge to the researcher’s attempts to establish a methodological means of exploring the phenomena under scrutiny.

While postmodernism offered a way of grasping the unique features of contemporary society with its rejection of grand narratives, rationality and truth claims, it also presents several significant difficulties. This postmodern concern with the crisis of representation, the instability of meaning and the absence of sure foundations for knowledge pose a strong challenge to the ambitions of the researcher in devising a methodology which will shed some understanding of the social world through empirical inquiry. Gubrium & Holstein (1997) point out that from a postmodern perspective there seems to be no substantial what and no empirical how. If ‘truth’ is a social construction and if truth is absent and judgment meaningless, then how can research findings contribute to any valid knowledge of the subject? In contrast to modernity where reason had a sovereign role, we have new guidelines as to how we should understand the social world: indeed, some versions of postmodernism deny the possibility of qualitative enquiry.

**“Fragmentation takes the place of totality and completeness. Ambiguity reigns where once there was clarity. The old certainties vanish, leaving us with the tentative, the provisional, the temporary, the contingent.”
(Crotty (1998 p194).**

It follows from this description of postmodernism that efforts to offer broad theoretical explanations of a phenomena are discouraged and could be considered futile, since grand theories have no claim to truth, accuracy or validity.

The paradigm of constructivism within a postmodern stance posed two significant problems for me. The first of those was the nihilism and the celebration of unbelief which is characterised by the rejection of meaning, and the second was the relativist position which holds that all meanings are as good as each other. Gubrium & Holstein (1997) maintain that empirical nihilism is a threat to empirical inquiry. The dangers of relativity and nihilism which would make empirical research futile have been addressed by several writers. Baumann (1988) maintains that:

“postmodernism seems to condemn everything, propose nothing....Demolition is the only job the post modern mind seems to be good at.”(quoted in Alvesson 2002 p40)

While Parker (1992) concedes that

“postmodernists may be correct about the dangers of assuming that I write the truth, but they do not give me a clear reason for wanting to write at all”(p3).

At the skeptical end of a postmodern constructivist stance is despair and nihilism – the demise of the subject and the end of the author leaves only a play on words and meaning. If truth is absent then judgment is meaningless so all ideas solutions etc are as good as one another. I needed:

"a credible alternative in order to prevent us losing the meaning of our experience to some nihilistic - there is no meaning - or relativistic -all meanings are equally valuable - abyss" (Martin & Sugarman 2007 p8).

I found that several researchers had already addressed this problem. Denzin & Lincoln (2005) point out that we do not have to be anti realist to be constructivist. Rosenau (1998) suggests a way of reconciling the polarisation between a modernist / postmodernism and a realist / antirealist stance that provides a way of navigating through the extremities which each of those poles represent. She argues that the postmodern stance is best described as a continuum - with skeptical postmodernists at one end of the pole and affirmative postmodernists at the other. Gouldner (1973) sees postmodernism as living -

“in a twilight world between an unsatisfactory present and an unworkable past – in which conventional social maps are no longer effective, but new ones are not yet constructed” (Gouldner 1973 p327).

Affirmative postmodernists are more optimistic. They avoid the nihilism of despair and emphasise the constructive and revisionary aspects of postmodernism. They do not subscribe to the idea that all knowledge is equal and that one answer is as good as another but base the evaluation on the viability of the solution rather than its validity. Nor do they subscribe to the idea that there is no reality ‘out there’ but rather that human beings, because of the various lenses through which they see the world, are not likely to apprehend it.

4.8 Finding a meta theory

I wanted to combine both social and individual perspectives. Although I could acknowledge that individuals are more or less free to choose their values, I maintain that the array of values from which they choose is already defined and there is often a tension between cultural and personal values. Individuals living in a post modern age have to navigate between values such as individualism and autonomy, which are

promoted by culture, and more personal values such as those of commitment and community, which impose restrictions and limitations on their freedom of choice.

Constructivist theories have flourished within a postmodern landscape. All question the notion of timeless certainties, authoritative predictions and traditional truth claims and assert that all human realities are products of personal, cultural and linguistic orientations. However, constructivist theories differ in their epistemological claims and in the extent to which the individual is considered to be the creator of his own constructions as opposed to such constructions being a product of social forces. I felt that this tension needed to be explored and if possible, a position found which would accommodate both.

Chiari and Nuzzio (2010) explain these two different categories of constructivism. The first, epistemological constructivism, focuses on the individual's capacity for meaning making and is apt to perceive individuals as closed cognitive systems. Proponents of these systems are Kelly's Personal Construct Psychology (1955/91) and Von Glasersfeld's Radical Constructivism (1995). For epistemological constructivists, the source of knowledge is the individual's interpretation of his experience, which is, in turn, dependent on the constructs or meanings he places on events and situations. People, from an epistemological constructivist perspective, are seen as self-organizing systems and it is the failure of these internal schemes to cope with external contradictions and challenges to the established schemes that result in problems.

Chiari and Nuzzio (2010) describe hermeneutic constructivists, on the other hand, as rejecting the notion of a personal knower and distinguishing themselves from other forms of constructivism by using the term 'constructionism' rather than 'constructivism'. These theorists maintain that knowledge is a product of language and the linguistic activity of a community, so notions of truth are linguistically generated and socially negotiated rather than being the outcome of individual cognitive processes. Gergen (1999), a leading social constructionist, criticizes constructivist theories as being too interiorized and psychological and maintains that what is taken to be real is a product of social relationships.

The radical constructivist Von Glasserfield (1995) argues that, while subjective meanings get honed, modified and adapted in the course of social interaction, the meanings which form the basis for interpretation are a result of the individual's own subjective experience.

I came to the conclusion that, while both theories offered convincing arguments for their epistemological convictions, and both the individual constructivist model and the more culturally focused constructionist model, contributed to an understanding of the complexities of human experience, nevertheless, there was an epistemological difference between these two aspects which had to be resolved in order to establish congruence between my chosen epistemology, ontology and methodology.

One of the attractions of social constructionism was its emphasis on the socio-historical embeddedness of human beliefs, values and practices. The literature search presented convincing evidence as to the role of social forces in the formation of a culture's beliefs and values and how prevailing traditions and beliefs influence the various conceptions of the 'good life' in each historical epoch.

Other brands of constructivism focus on individual meaning-making and are criticized for not sufficiently attending to contextual and cultural factors that influence meanings and interpretations, and for regarding individuals as encapsulated within their own meaning systems and unable to comprehend those of their fellow human beings. (Paris & Epting 2004)

However, social constructionism was also problematic for my study. While I could agree with the claims of a constructed reality, I had difficulty with its aversion to the notion of an isolated knower and its rejection of the possibility of a world beyond human fathoming.

I preferred the more reserved claims of epistemological constructivism which does not say that there is no world other than one created by human beings, but maintains that such an external world, if it exists at all, is beyond human knowledge. My reservation stemmed from the post modern position that rejects truth claims such as there being no other world and wonders if such claim by constructionists does not result in them hoisting themselves by their own petard by making claims of an absolutist nature. As McNamee (2002) maintains:

“One cannot constitute meaning alone, nor engage in a rational choice among competing goods without having absorbed the intelligibilities of a community” (p147).

I was looking for a theory that would encompass both the macro and micro elements of values in the practice of psychotherapy. My aim was to capture the subjective experiences of practicing therapists and to relate these to the values of the social context in which they operated, as well as to the values of previous eras. I needed a theory that could encompass both the social and the individual elements in the study and provide explanatory schemes for the formation and maintenance of values within contemporary culture. However, post modernism has an ambivalent relationship to values and there is a pervasive sense of uncertainty regarding the role of values within the profession of psychotherapy. So finding a conceptual framework that allowed me to address the origins and implications of values in psychotherapy was challenging. Despite wide recognition of the importance of values in human functioning, the line between individual and cultural values is elusive, and definition of the term both complex and controversial. While each definition of values might have validity in some way, it is not likely to be valid for all purposes. To strengthen the validity of this study, I needed to match a definition of values with the purpose of my study and one that is consistent with the thrust of the inquiry.

4.9 Personal construct psychology (PCP) as meta theory

In PCP I found a definition of values that fitted well with my ontological and epistemological positions.

Kelly (1989) maintains:

“Values are obviously invented, not discovered; man makes them up to suit himself.” (p6).

Within this theory, values are considered to be core constructs and serve a vital function in the maintenance of individual identity and existence. However, according to Butt (2001), individual core constructs are shaped by a social perspective that can be more inherited than created. PCT emphasises the creative capacity of man to represent his environment rather than just respond to it. In his theory, Kelly (1991) portrays man as essentially the creator of his own world and, while acknowledging the socio-cultural influences on the way personal meaning is made, he stresses that man is limited to a large extent by his own experiences and his choices are curtailed by his perspective on his 'self' and the world.

“Just how broad his field of choice is, man will never know until he assails the impossible.” (1980 p4).

Kelly's theory has been criticized for its lack of acknowledgement of the influence of culture and society to the formation of values. However, other theorists (Raskin 2000; Kalekin Fisher 1996) claim that PCP considers the social context to be vitally important in determining the meaning people ascribe to experiences and events. Kelly does not appear to distinguish construing that is individual from that which is cultural, but acknowledges the shared and individual aspects of meaning.

“Man might be better understood if he were viewed in the perspective of the centuries rather than the flicker of the passing moment” (Kelly 1991 p3).

4.10 The compatibility of PCP with post modernism

Although the concept of post modernism implies a multiplicity of factors, my interest lay in the aspect that encourages the questioning of many of the sacred beliefs and common sense assumptions that society has come to regard as timeless truths and unshakeable convictions. In this, I found an ally in Kelly, who posed some of the greatest intellectual challenges to established knowledge and assumptions of his day, so providing me with a suitable context in which to apply a constructivist

epistemology. The theory of personal constructs may be aptly described as a post modern paradigm, in that it rejects the notion of 'grand narratives', which anticipated all questions and provided pre-determined answers, and maintains that knowledge is socio-historically based and questions the notion of an absolute truth that can be uncovered by searching.

Kelly's theory was introduced at a time when science and scientific methods were regarded as a means of discovering and establishing objective truth. The predominant assumption was positivist – there was a real world and a real truth 'out there' to be discovered, captured and tamed by applying the correct scientific methods. Within that context, his theory of constructive alternativism was both radical and challenging and has much in common with post modern thinking, which advocates alternative visions of the self, the truth and of knowledge.

Kelly questions the fixed notions of his era and proposed a more fluid perspective on the nature of reality.

“We assume that all our present interpretations of the universe are subject to revision or replacement” (Kelly 1991 p11).

4.10.1 A constructivist epistemology

Speaking within a therapeutic context, Kelly stresses the need for an explicitly formulated epistemology.

“The psychologist must face up to his own epistemological assumptions whenever he attempts to join a client in such an undertaking” (Kelly 1959 p38).

I found that positions in constructivism were excessively permeated by the tendency to polarise distinctions and to minimise the consideration of alternatives within these distinctions. Kelly's reluctance to limit his discussions to fixed dimensional axes and

his commitment to the theory of constructive alternativism provided a way of escape from the dichotomies that relegated opposing positions into either/or categories, thus limiting the range of meaning that could be brought to bear on the subject.

The confusion and contradictions that seemed to be prevalent in constructivism led me to consider Personal Construct Theory as a constructivist theory that would provide an epistemology and an ontology in which to frame my research project.

4.10.2 Epistemology of PCP

Until the emergence of constructivism, Kelly and Piaget were the only psychologists to use the concept of construction in their theoretical explanations. But, to a large extent, Piaget's theory rested on an absolute view of truth while Kelly rejected notions of absolute truth and maintained that truth was relative, although he did not subscribe to the idea that one truth was as good as another. He explains:

“It should be clear, then that what any scientist can hope to discover is not an absolute categorical truth, nor even a relative fraction of truth, but a categorical truth applied in the context of relationships” (Kelly 1991 p131).

Kelly's view of how we know what we know is somewhat similar to the basic premises of constructivism. Since Kelly's theory appeared in the 1950s, it is reasonable to assume, without making unwarranted 'best brand' claims, that his was the theory which first advocated migration from the land of eternal truths and a launching out into an unknown and uncharted territory that might hold unthought-of possibilities. Chiari & Nuzzo (1996) consider PCP to be the prototype, the avant garde, of epistemological constructivism.

Kelly challenged the prevalent positivist epistemological assumptions of his day – belief in a knowable world and a knowable self, and proposed a theory of constructive alternativism which assumes that all of our present interpretations of the universe are subject to revision or replacement.

“Whatever nature may be, or howsoever the quest for truth will turn out in the end, the events we face today are subject to as great a variety of construction as our wits will enable us to contrive” (Kelly 1991 vol 1 p11).

Kelly appears to have avoided both the realist and the antirealist positions that are apt to generate controversy and confusion in the psychological literature. While asserting that there was an objective reality which could not be denied, he rejected the notion of a knowable reality and questioned man’s ability to understand that universe through any other means than his own construing.

“We presume that the universe is really existing and man is coming to understand it. By taking this position we attempt to make it clear from the outset that it is a real world we shall be talking about, not a world composed solely of flitting shadows of people’s thoughts. But we would also like to make clear that people’s thoughts also really exist, though the correspondence between what people really think exists and what really does exist is constantly changing” (Kelly 1991 vol 1 p5).

In other words, although there may be an independent reality ‘out there’, Kelly’s assertion was that reality could never be apprehended but only construed and interpreted by placing meaning on it – thus making our grasp of it approximate only. He saw man’s ‘special key’ to life as his ability to interpret that which he cannot deny. So for Kelly the world was a world which would be forever largely unknown and any knowledge we could expect to have of it was constructed by man’s attempts to place meaning upon it. In this world, research becomes a much more humble enterprise where there are no ‘facts’ waiting in some Platonic heaven to be discovered and ‘truth’ is much more tentative and open to speculation and challenge.

Such a position is quite compatible with a post modernism context and a constructivist position:

“It is perfectly consistent with an anti realist epistemology to make the ontological claim that an independent reality exists, or conversely that no

such reality exists. The only way an anti realist can lapse into realism is by making the epistemological claim that s/he has an objective and unmediated knowledge of such a reality” (Morrison 2000 p268).

This position allowed me to avoid the epistemological straight jacketing of the realist/antirealist debate. Whether a real world exists in any meaningful sense beyond our construction of it had little relevance for my research project, or indeed for me! What was important was how people construed their version of reality and how that construction influenced their behaviour and demonstrated their values.

Kelly’s epistemological position also allowed me to avoid the nihilism and the celebration of unbelief which is inherent in many of the antirealist positions. The undesirable implications of constructivism are lack of faith and despair. If nothing can be objective, nothing can be subjective either. If there is no truth, all that is left is a play on words and meaning. The ‘posts’ – post structuralism, post modernism etc – become the death warrant of tradition.

“Voices are just voices; they have no claim to truth, so the search for voice is seen as being the search for any old voice” (Denzin & Lincoln 1998 p281).

I found in PCP a position that was more creative, more optimistic and more respectful of man’s struggles to find meaning and purpose in his existence.

Another benefit which I appreciated from Kelly’s epistemological position was that science – and therefore research – becomes a much less certain and more explorative enterprise, as claims regarding truth give way to tentativeness, which incorporates rather than avoids consideration of the diverse, the different, the contradictory and the complex.

So in answer to the epistemological question posed at the beginning of this section – ‘how do we know what we know?’ – Kelly would maintain that the world is known only through man’s perception of it, but to the extent that we are prepared to consider the creation by our own construing, of something that is not already there, we will

expand our knowledge of the world. This position was very compatible with my methodology.

4.10.3 Kelly's ontological stance

While epistemology addressed the question of how we know what we know, ontology addresses the nature of the world and the nature of human beings. Scheurich (1997) maintains that the separation of epistemology from ontology is artificial as how one sees and what one sees are intimately interwoven. However, I have attempted to distinguish between these two concepts in order to illustrate more fully the way in which PCP has influenced my thinking.

As we have said, Kelly did not espouse either an ideological or a realist position on the nature of world. Although being open to the possibility of an objective reality, he refuted any notion of a knowable universe discoverable by scientific methods. Instead he postulated that:

“What we think we know is anchored only in our assumptions, not in the bedrock of truth itself, and the world we seek to understand remains always on the horizons of our thought” (Kelly 1963 p5-6).

Fundamental to Kelly's ontological stance is the notion of man as one who makes sense of his environment by placing his own constructions upon it and anticipating future events in the light of these constructions. People are regarded as participants and agents who do not merely react to the world but act on it. Kelly extols the individual's capacity to determine how his life should be understood and lived, and sees man as a construing being, continually forming his own theories (constructs) in order to make sense of the world and then testing out these theories in everyday activities.

One of Kelly's main premises about the nature of man is his ability to make choices. Since choices are influenced by values, this concept had significant implications for my study. The choice corollary states:

“A person chooses for himself that alternative in a dichotomised construct through which he anticipates the greater possibility for extension and definition of his system” (Kelly 1991 p45).

For Kelly the notion of man as a choice-maker is as old as the history of man himself when in the Garden of Eden he chose understanding rather than obedience. In which ways early man considered this to be an elaboration of his construct system may be a matter for debate, but for Kelly the essential nature of man is displayed in his capacity to make choices – to proact rather than react to a given situation – even when these choices appear to others to leave a lot to be desired!

“Man, the poor fellow, chose the toil and confusion of knowledge instead of the pleasant and obvious rewards of unquestioning obedience.” (Kelly 1967 p208).

However at odds this analogy might be with religious thinking, Kelly obviously understood man as having the capacity to understand as well as the capacity to choose, and the capacity to choose would also presuppose a capacity to evaluate. Kelly did not address the issues of values and ethics directly but these are implicit in his theory. Stojnow (1996) asserts:

“People are the creators of particular moral judgments...and are therefore responsible for the active creation of their personal world, value system and moral conduct.” (p188).

Social constructionists would question whether Kelly’s man is indeed free to make personal choices. They would challenge the idea of individual autonomy and maintain that our choices are a result of our social and cultural heritage rather than personal decisions:

“Without our religious and philosophical heritage, would we still set such importance on the conscious choices of the single individual? ... Is the

treasure of individual autonomy a gift from others, not so much chosen by us as chosen for us?” (Gergen 1999 p8).

Although Kelly’s theory has been criticised for failing to adequately address the influence of social environment – and indeed Kelly himself described his theory as being concerned with the philosophical outlooks of individual man – I did not consider this as an indication that Kelly did not see man as part of historical and contemporary culture. Kelly viewed man as being endowed with both the freedom of decision and limitation of action. Freedom because it permits him to deal with the meaning of events rather than be helplessly pushed about by them, and limitations because he can never make choices outside the world he has erected for himself. To a large extent, the world that he has erected for himself will be a product of his own experiences, but also part of the cultural context in which he lives. So, an individual’s construct system will be to some extent limited by the boundaries imposed by his cultural, religious and historical inheritance. To what extent are our concepts, values and practices not of our own making but something into which we were born? And to what extent does change in social beliefs and behaviour affect our construing?

For instance, would we have such a concern for autonomy and personal freedom if we did not have our western religious and philosophical history? Cushman (1995) accuses psychology of more prone to condemn self-sacrifice and obedience and promote self-actualisation and autonomy and Butt (2001) argues that individualism has been pursued at the expense of community. Changes in society, such as the questioning of authority, the breaking down of community, the abandonment of religion etc serve as a backdrop to the context in which our construing occurs, and cannot but be influenced by it. There is likely to be a circular influence from the social to the individual and vice versa. Although PCP does not elaborate on this theme, neither does it discount it.

Although providing no content for the conceptualising of social influences, Kelly by no means ignores or underestimates the context in which man operates. His theory is introduced with the combination of two simple notions:

“first, that man might be better understood if he were viewed in perspectives of the centuries rather than in the flicker of passing moments; and second, that each man contemplates in his own personal way, the stream of events upon which he has been so swiftly borne.” (1991 p3).

So it does not seem that Kelly is unaware of the influence of culture and history – indeed he claims that:

“Our model of man the scientist attributes a greater significance to the sweep of history than does any current psychological scheme.” (Kelly 1959 : p6).

However, his emphasis would most certainly indicate that it is the way in which these events have been interpreted that interests him. In other words, Kelly does not appear to accept historical and traditional influences as fact but rather as a result of how these have been interpreted over generations and which might look very different if another interpretation was placed upon them.

“The history of mankind, whether particularly scientific or generally literary, throws psychological light on the processes of man; it is not an iron chair of events that binds him forever to what he is – to that and no more.” (Kelly 1980: p23)

From the Garden of Eden myth to the reality of the rain which falls on the just and the unjust, Kelly continually stresses man’s ability to interpret and reinterpret his circumstances and thus maximise control over his life.

“Whatever exists is open to construction. Many alternative constructions are possible, some better, others worse. The ultimate meaning of even the simplest thing is never settled.”(1959: p3).

Presumably history, society and tradition exist and are therefore open to reconstruing and reinterpretation in the present and this will no doubt have an effect on how we act. The effects of positivism and modernism still encourage us as a society to consider past events as 'truths' or 'facts' and thus encourages tight construing, which, in turn, inhibits our willingness to consider alternative constructions of our past history or present culture. This, in turn, affects the future.

“It is one’s current interpretations of the past and his current inferences as to the future that mark the route he undertakes.” (1959: p5).

It would seem as if Kelly would reject a radical social constructionist’s view of man as a ‘victim of his biography’, unable to recognise or break free from the norms and values of his history and culture and thus imprisoned in an ongoing perpetuation of the status quo without ever realising that he is, in fact, not free. Such a view is antithetical to Kelly’s ontology of man as the creative and incipient scientist that he has proved himself to be

PCP has been criticised for the excessive individuality of its focus – indeed, Kelly describes his theory as being primarily concerned with the philosophical outlooks of individual man but that does not mean that Kelly has confined himself to merely an individual perspective on man. Kellian man can be viewed from three perspectives. From one perspective he is like all other men in that he deals with events by placing constructions upon them and by construing their replications. He then acts on his construing to test his hypothesis and in doing so his construct is either validated or invalidated. This provides the basis for future action.

From another perspective he is like some other men and this is explained in the commonality corollary which states:

“to the extent that one person employs a construction of experience which is similar to that employed by another, his psychological processes are similar to those of the other person.” (1991: p63).

Kelly explains the commonality corollary in terms of cultural similarity – and especially in the common expectations as to what behaviour is required. The

behaviour of other people is predicted on the basis of there being a common, shared understanding of norms and behaviours within groups – for example psychologists, old age pensioners, fundamentalists – who will all share certain agreed norms and expectations. Individuals are apt to seek validation of their constructs within their social group, and an individual construct system often reflects shared understanding and evaluations of situations and events.

“Personal construct theory would understand cultural similarity, not only in terms of personal outlook ... but also in terms of what the individual anticipates others will do, and in turn, what he thinks they expect him to do” (Kelly 1991: p66).

Kelly introduces man as a member of a group – or various groups – in terms of the similarities and contrasts in his anticipations and the channels he constructs for making his predictions.

“People belong to the same cultural group, not merely because they behave alike, nor because they expect the same things of others, but especially because they construe their experience in the same way.” (1991: p66).

In this way, then, Kellian man is the same as some other people.

But man in the Kellian sense is at the same time like no other man. This is illustrated by the individuality corollary;

“Persons differ from each other in their construction of events” (1991: p38),

and he elaborates by saying that:

“People can be seen as differing from each other, not only because there may have been differences in the events which they sought to anticipate, but also because there are different approaches to the anticipation of the same event” (1991: p38).

So Kelly's view that no two people can play precisely the same role in the same event gives us the concept of man different from all other men, while he inevitably shares the views of some other men and the attribute of being human with all other men.

4.11 Final decisions

At the end of my exploration I came up with an epistemology and an ontology which I was happy to adopt – one which consisted of a world that is more likely to be invented than discovered but which retains the exciting possibility of being more than we can ever apprehend, and a view of Kellian man as universal, social and at the same time unique, which enabled me to reconcile the basic controversy in the constructivist and social constructionist poles. I came to the conclusion that both theories contributed to an elaborated understanding of psychological and social life. Neither was more correct than the other; they just focused on different aspects.

As my research project concerned the values inherent in psychology, I now explored the values that underpin the theory of personal constructs.

4.12 Values in Personal Construct Theory

The idea of value neutrality in psychology or in research has now been largely discredited. Researchers such as Cushman (1995), Strupp (1980), Kelly (1990) and Slife et al (2003) are among others who maintain that values are now recognised as playing an important role in psychology and unavoidably involve moral and political discourses.

It is also acknowledged that each psychological theory has 1) a view of human nature – different conceptions as to what a person is, should be and should become; 2) a theory about the source of pathology; and 3) a prescription of the route to health. (Christopher 1996; Glad 1959; Williams and Levitt 2007/8). The beliefs and assumptions that are held on these issues form the core values of the different

psychological theories. Within this definition of values there is an inescapably moral aspect, in that all have implicit conceptions of what is ‘good’ and what is ‘bad’ – what causes problems and what cures them.

In this concluding section, I would like to examine briefly the values implicit and explicit in PCT from four perspectives – what the theory considers man to be; what he should be; what prevents him becoming what he should be; and what will help him become what he should be.

4.12.1 Man as scientist

“The aspirations of the scientist are essentially the aspirations of all men.” (Kelly 1991: p30).

This is certainly the main metaphor that Kelly uses when describing the nature of man. But the values inherent in his metaphor are not those of knowledge and discovery in quantitative terms, nor are they the values of logic and precision. Rather they are the values of man’s potential to interpret, create and invent – to view the world from multiple perspectives, to make progress through understanding, to exercise choice and to take responsibilities for those choices. Implicit in this stance is the value of equality – what is true of the scientist is also true of the subject – there are no ‘experts’: all of us are engaged in the process of making sense of our world.

Kelly’s theory reflects many of the humanistic values of person-centred theory, reflecting a non-judgmental approach, acceptance, respect, a creative subject and an unknown potential to be explored.

4.12.2 A Good Scientist

An answer to the question of what man should be is answered in PCT by the notion of a good scientist. And the goal of being a good scientist is understanding self and others. Indeed, Kelly seems to be less concerned with scientific respectability than with understanding people.

“We see no valuable distinction between the theorising of psychologists, who may want to be seen as scientists, and their clients, who usually prefer to be seen as human.” (1963: p12).

For Kelly, a good scientist is always testing out his theories – he makes sense of his life by testing out hypotheses. From this perspective we can assume the values of curiosity, courage, open- mindedness, creative thinking and risk taking. There is also a valuing of intellectual venturesomeness, of the refusal to be satisfied with the status quo and the constant reaching out to what is not known – what Pascal refers to as ‘the divine spark of discontent’. It seems clear that, for Kelly, being actively engaged in exploration and meaning making was of high value.

Inherent in Kelly’s assumption is the valuing of man’s ability to be a good scientist –

“whatever the range of human potentialities may ultimately turn out to be, there are probably a lot more of them than any individual can, even in his most expansive moments, reasonably hope to exploit in a lifetime.” (Kelly 1957:p2).

Kelly’s theory is also a reflexive theory and has implications for self-awareness, humility and non-defensiveness.

“Men change things by changing themselves first, and they accomplish their objectives, if at all, only by paying the price of altering themselves.” (Kelly 1966: p12).

Kelly’s theory applies both to therapist and client since both live within the systems they have erected for themselves, both are subject to their own construing. The creation of a role relationship, by which the therapist attempts to construe the deepest meanings of a client, is a vital part of PCP, which stresses the therapist’s need to be aware of and subsume her own system in order to understand that of the client, and it is to the extent that the therapist can understand how the client construes his/her world that a relationship is possible. The therapist has to tack between the social

system and the personal, helping the client to identify, articulate, and elaborate the interpersonal meanings by which they organize their experiences and actions. The culture in which a person has formed his/her construct system has to be fully understood in order to understand the meaning s/he makes of experiences. Individuals are not regarded as isolated from these lived social experiences. In this respect, diversity, difference and the creation of alternative meanings are valued, so Kelly's theory reflects many aspects of pluralism.

Kelly's sociality corollary challenges post modern claims regarding the loss of the subject, where each individual is perceived as encapsulated within his/her own construing and unable to communicate that system to another. Kelly maintains that, to the extent that a person can understand the construction of another, s/he can have a relationship with that person. Understanding, reciprocity and equality are implicit values in PCP which maintains that what is true in terms of a client's construing is also true of the therapist's.

4.13 Selecting a unit of analysis

I needed a way of analysing the data which would be consistent with its interpretivist and constructivist perspective and which would provide a way of managing the volumes of data produced. A constructivist Grounded Theory method (Charmaz 2006) seemed worthy of investigation.

Grounded theory was first introduced to the research world in the sixties and expressed the idea of theory that is generated by or grounded in close scrutiny of the data gathered in concrete settings. Its aim was the generation of theories rather than the testing of them.

In its early days, grounded theory reflected a positivist, empiricist epistemology. Its authors, Glaser and Strauss (1967) talked about discovering theory from the data which implied a determined and static notion of human knowledge and experience. This seemed contradictory to a constructivist paradigm which emphasises the instability of knowledge and the subjective construing of experience and meaning.

However, while Glaser claimed that theory really exists, his colleague Strauss moved away from the original positivist assumptions and counterclaimed that theory cannot be known - only interpreted (Strauss & Corbin 1998).

As society and culture took a more postmodern turn, so the concept of grounded theory began to reflect more of the idea of the social production of knowledge. The practice of science has come under scrutiny and the idea that scientific knowledge could provide a direct reflection of objects in an empirical world has been critiqued and largely rejected. Although this way of thinking is often considered as quite radical, there have been many scientists throughout history who have subscribed to a constructivist epistemology before that term was in common use.

A neurophysiologist, Donald O. Hebb (1975) observed:

"The 'real world' is a construct and some of the peculiarities of scientific thought become more intelligible when this fact is recognized." (p4-5).

In other words, nature is the product rather than the evidence of scientific thought. Hebb (1975) a renowned scientist, also maintained that it was nonsense to found a theory on observable facts alone. He goes on to say:

" In reality, the very opposite happens. It is the theory that decides what we can observe." (p6).

In this present era, grounded theory has evolved into a theory of many versions. McLeod (2001) claims that it is the 'market leader' in qualitative research. Charmaz (1990) maintains that it is quite consistent with a constructivist position, and argues that all knowledge is socially produced and that each individual's experience is unique and idiosyncratic. She argues that categories and theories do not emerge from the data but are constructed by the researcher through an interaction with the data.

"The researcher creates an explication, organisation and presentation of the data rather than discovering order within the data." (Charmaz 1990 :p1169).

Research theories are created rather than discovered and there is no claim that findings are representative of a specific group. The researcher attempts to map out 'grounded structures' which underlie each person's experience and proceeds to look for common elements between them. The theory produced constitutes one particular interpretation of the data and makes no truth claims.

Henwood and Pigeon (1996) and Charmaz (2006) argue for a constructivist revision of grounded theory that will reflect the grounding of theory in the participants' own accounts of experiences and meanings. They advocate an interpretivist approach which emphasises an everyday understanding of human experiences and recognises the influence of the macro culture - the historic, political and social settings in which the research phenomenon is embedded.

Regarding the creation of grounded theory as an inductive, interpretative and constructivist enterprise enabled me to utilise the benefits of the method of analysis and remain consistent with the tenets of a constructivist paradigm. It also provided me with a means of considering respondents' answers in the context of the socio cultural grounds of meaning - and consequently with the problem of conceptualising both the uniqueness of personal stories and their embeddedness in the larger familial, cultural and linguistic heritage which enables as well as constrains our attempts to author our own biographies.

Grounded Theory has several points in common with a postmodern perspective which are relevant to my study. It focuses on the local and the pluralistic and opposes grand theories, emphasises the creation of meaning and highlights the context in which a phenomenon occurs. It has an interest in understanding the world of lived experience from the perspective of those who live it and is particularly suited to the study of local interactions and meanings which occur in the social context of the participant's experience. It allows me to generate psychological accounts that are fully grounded in participants' own understandings and cultural knowledge, and which are concerned with the exploration of meaning and reflections of participants' constructions of the world. It has proved useful in providing professional

practitioners form a perspective on their own work situations (Glaser & Strauss 1964) and therefore has a pragmatic usefulness - the criterion of good theory!

However, grounded theory has been criticised (Locke 2001) for its lack of focus on the macro culture in which the phenomenon occurs, and although Henwood and Pigeon (1992) advocate that more attention is given to this aspect of research, they do not suggest any strategies by which this might be accomplished. Addressing both macro and micro culture was an important part of my study as I sought to situate the creation of values within both the socio historical background of culture as well as within the individual. Adopting social constructivist and social construction perspectives provided me with the theoretical basis to do both.

4.13.1 Grounded Theory and constructivism

As I was working from a constructivist (PCP) paradigm which questions the accessibility of “truth” and grand theories, I needed a unit of analysis which would reflect a stance that was consistent with these issues and compatible with postmodern assumptions about the foundationlessness of knowledge and the ways in which it can be reproduced. I was also interested in the macro culture as well as the micro culture of the therapeutic world so I wanted a method that would provide opportunity for exploring the “fit” between cultural and social assumptions and the practice of therapists within that culture. This is based on the claim that meaning reside in social practices not just the heads of individuals. While Personal Construct Psychology provided a rational for an interpretivist research strategy, social constructionism was also an important theoretical element in the understanding of the macro culture and the adoption of both constructivism and constructionism as a theoretical framework as discussed in this chapter.

An interpretive paradigm appeared to suit my need for an understanding of the world of therapy from the perspective of its practitioners. One of the distinguishing factors of interpretive analysis is the interest in understanding the world of lived experience from the point of view of those who live it. Interpretivists maintain that in order to understand the world, researchers must engage and participate in that world and

actively interpret it. It takes for granted the reflexive and value laden nature of inquiry and maintains the agentic nature of the researcher as caught up in the same human making webs as those they study.

An interpretivist design also claims that the projects which researchers are engaged in are always set in a wider culture - that of the politics, history and values of the period that is being researched. In other words, the interpretive paradigm does not consider social reality as a given but maintains that what is 'real' is constructed. In these assumptions, the interpretive paradigm is consistent with postmodernism in its challenge to the grand narratives of truth and knowledge. This stance enables me to take account of the macro structures of society as well as the micro structures of the world of the therapist

An interpretivist approach is also highly compatible with PCP. Kelly (1959) maintains that:

"even the most palpable discoveries are, after all, merely man's best interpretation of material reality" (p8).

4.2 Methods and procedures

Having offered an outline of the underlying epistemological, ontological and conceptual considerations that informed the design of this study, the chapter moves on to consider the practical issues and procedures that were involved in the actual conduct of the research.

4.2.1 Personal perspectives

This study had its origins in the findings from an M.Phil research project carried out at Edinburgh University that explored the motivation for helping behaviour and used a multi method research design. Analysis of the data strongly indicated that values were the salient motivational force in the lives of these participants and influenced their choices, decisions and behaviour. This conclusion was reinforced by a substantial amount of literature on helping behaviour.

At that time, I had been working for over twenty years as a practitioner, supervisor and lecturer in the counselling world and these findings challenged my own lack of awareness of the issue of values in psychotherapy and the implications these had for professional practice. As a tutor on a post graduate diploma in counselling for six years, I realised that, although I talked about values in therapy, I seldom explored the subject to any extent nor did I seriously question the notion of value neutrality or the place of morality within the profession. The opportunity to study and carry out research on this topic was an exciting prospect and although it presented many challenges in terms of time, resources and losses, it has remained a significant source of purpose, value and enthusiasm over the years.

One of the challenges I found was the dearth of relevant British literature on the subject of values in therapy. Most of the literature was of a philosophical nature or was embedded within other topics and much of it originated in the United States. In a British therapy context, Arthur (2000) explored therapist's choice of theoretical model and values were referred to as contributory factors but were not dealt with in significant depth. Much of the research on values in America had an ethical focus and was concerned with the undue influence of therapists' values on vulnerable clients which was highlighted by Rosenthal's (1955) research into values.

Although an early grounded theory approach suggested that the researcher should not contaminate the data with previous knowledge, I was interested in what other professionals were saying about my topic so tended to explore the literature and collect data in tandem. My knowledge, or the lack of it, would be inclined to contaminate the data anyway unless it was managed and I considered that elaborating my awareness as a better position than not being aware.

4.14 Situating the sample

My ontological stance echoed that of Kelly (1991). Kelly's view of man as scientist provides a rationale for the decision to explore the notion of values from the perspective of those who hold them. He believed that man was continually engaged in making sense out of his world by placing his own construction upon it and testing out these constructions in everyday activities. People are regarded as participants and

agents who do not merely react to the world but act on it. PCP provided a creative, optimistic view of man and one that was respectful of the struggle to find meaning and purpose in existence. Both postmodernists and constructivists agree that the notion of a self is a social construction, contained within a social structure and developed in relation to others. As a constructivist researcher I was not looking for “truth” statements but acknowledged that the participant's description of his / her construct system is true for him / her at that moment in time, although it is recognised that this will inevitably be changed and reconstrued as more events are incorporated in the daily task of living. Such reconstruing does not render statements invalid; it just means that they are considered as constructions rather than facts or truth statements. So it was entirely consistent with Kelly's theory that human subjects were the best source of knowledge on the subject of values.

From a constructivist perspective, I viewed people as meaning making creatures, but I was also aware that people were situated within a socio historical milieu which significantly influenced their experiences and the meanings they made of them. So I also looked from a social constructionist perspective and viewed the profession of psychotherapy as a social artefact that has evolved within the practices of care in British history. My understanding of human beings and their social situatedness allowed me to reconcile both the social influences and the individual aspects of their construing. I took the position that values were accumulated through the ages according to the cultural and political conditions of the time and that individuals, selecting from this cultural pool, formed a unique value system of their own. So values are both socially and individually constructed.

“Even if we are free to choose our beliefs, the array of beliefs to choose from is already defined, constituting both opportunities as well as limitations, restrictions and constraints to our freedom of choice.”
(Gullestad 1996: p23).

The selection of the participants in this study was grounded in these two perspectives. Following Walsh's (1995) observations that values should be studied in context, it seemed obvious that I would look to practicing therapists to assist me in my exploration, but an equally interesting sample choice could have been the values

perspectives of clients and other consumers of therapy. Exploring the phenomenon of values within a context with which I was familiar also added credibility to the research findings.

This also made pragmatic sense. Working within the counselling field meant that I had a reasonable network of colleagues who could be asked to volunteer to participate in the study. However, I wanted to recruit as diverse a selection as possible, so I decided to opt for a snowballing sample in order to avoid recruiting only people I knew and who were more likely to share similar views. This meant that I focused on a purposive sample that would include various theoretical orientations. Criteria for inclusion was kept to a minimum – the participants had to have been practicing in Britain for at least four years and belong to a professional body with a code of ethics.

Twelve participants were interviewed for Study 1 but technological problems with one tape meant that only eleven transcripts were used. Six men and five women made up the sample and ranged in age from forty five to sixty three. They were all currently practicing in the U.K .

In terms of original training, three were person centred trained, three were psychodynamic trained, four were CBT and one was a family therapist. This procedure meant that the sample comprised a sufficiently diverse group in terms of theoretical orientation, religious beliefs and personal experiences. Although many of the sample no longer adhered to a single model of therapy, they were classified on the model that they felt best described them, and for most, this was the model in which they trained.

4.15 Study 2

One participant for Study 2 was recruited from within the original sample. She was asked if she would consider submitting a recording of a single therapy session with a client in order for it to be analysed to identify how values are presented and

responded to within the therapeutic encounter. I was interested in how the therapist responded to the client's explicit and implicit value communications and whether these were influenced by her own value system as interpreted in Study 1.

4.16 Ethical issues

Although this study does not address the subject of ethics in any depth, it acknowledges the close relationship between ethics and values and its findings endorse the view that personal qualities and values are an essential part of ethical research practice. While rules and principles are applied to maintain standards and prevent malpractice, Bond (2007) argues that while principles provide useful points of reference, these are extrinsic to the therapist and he advocates an ethical mindfulness which is based on internal qualities such as virtues and values.

So in addition to the demands of academic research, I felt it important to be aware of the qualities and values which characterized different stages of the research. Interest, curiosity and courage were activated in the early stages and respect permeated all stages from initiating the research procedures to analyzing and disseminating the results. A commitment to honest and accurate representation and a significant level of self evaluation and reflection were also important values which were integral to the research proceedings.

On an extrinsic level, ethical approval was applied for and granted by the university ethics board. In addressing the issues of ethics in research I adopted the suggestions of Ponterotto (2005) and tried to keep the interviews participant-driven rather than theory driven and allowed the interviewees to choose their own way of relating their responses to the interview schedule.

Morrow's (2005) article on trustworthiness alerted me to the importance of the need to be explicit about the paradigmatic underpinnings of the research and her earlier article (2001) drew my attention to the cultural framework within which this research took place.

I followed the guidelines of Elmes, Katowitz and Roediger (1995) and Elliott et al (1999) who suggest several important ethical issues that should be addressed:

a) informed consent, b) no deception, c) a right to withdraw, d) the provision of debriefing and e) maintaining confidentiality.

4.16.1 Informed consent and confidentiality

Prior to the interviews the participants were sent information about the purpose of the study, what it involved and the aims of the interviews (Appendix A). Those who agreed to take part in the research signed a consent form. (Appendix B) and issues were discussed at the commencement of every interview and the participant was invited to comment, question, challenge or discuss any issues they wanted to address. The participants were assured of their right to decline to answer a particular question and to share only sufficient detail as they felt comfortable with.

I was open and honest about how the interview data would be used and assured them that every effort would be made to maintain confidentiality and anonymity. Names would be changed and any extracts from the transcripts used would not be attributable to an individual, and places or identifying features would be changed. While complete confidentiality could not be guaranteed, the participants were assured that every effort would be made to preserve their anonymity and privacy.

Permission was sought to record the interviews and assurances were given that each recording would be destroyed after the thesis was completed and that a participant could withdraw from the project at any time and any material gathered would be destroyed immediately.

4.17 Interviews

My choice of interviews as the main source of data collection was based on the purpose of the research. I wanted to access the value perspectives of therapists practicing in Britain and uncover and explore how these underpinned their lives, routines and behaviours. In semi structured interviews meaning can be explored in depth, understanding can be clarified and answers can be explained. Such an interview also helps to make explicit what is implicit, and, since shared

understandings, taken -for -granted rules and mutual expectations are not always within the therapists sense of awareness, an interview provides a context where these tacit perceptions, feelings and understandings can be articulated and explored in depth.

The interview method also gives me an opportunity to explore how the participating therapist thinks and feels about the cultural context in which s/he operates. Since people follow cultural norms without being aware of them they might find it difficult to explain these taken –for- granted assumptions. So I needed a face to face method where the participant could be encouraged to describe the world in his/her own terms. In doing this, I hoped to understand how and why the therapeutic culture has been and is created as well as how it evolves and is maintained.

Extensive use of interviews as a research method has been a feature of the last two decades and has reflected the changes in the concept of knowledge in a postmodern era and I enjoyed the various metaphors that had been created to describe the process.

Kvale (1992) depicts the researcher as either a miner or a traveler. In the miner metaphor, the interviewer is a miner who unearths valuable metals. Some miners seek objective facts to be quantified while others seek nuggets of essential meaning. In both these cases, knowledge is waiting in the subject's interior to be uncovered and is relatively uncontaminated by the miner. The traveler metaphor, on the other hand indicates a journey that leads to a tale to be told. The traveller wanders through the landscape, entering into conversation with its inhabitants and exploring the domains and life world of these people.

These two metaphors represent different forms of knowledge formation. The traveler metaphor refers to a postmodern constructivist understanding that involves a conversational approach to social research. So my choice of interviews as a source of data also reflects the linguistic and interpretive focus which has taken place in research during the last decade. This position claims that conversation (from the Latin “wandering together”) is the basic mode of human interaction through which we get to know other people, learn about their experiences, hopes, feelings, beliefs and values.

I chose to view the research interview as a construction site for knowledge - but a knowledge that would be provisional, uneven, complex and contextualised. While a realist theory asserts that reality exists and can be captured and that the reports of

research subjects are a mirror of inner reality, I took a more constructivist, postmodern view which understands the participants as reflecting an already reproduced cultural ethos and identity, so recognising that the knowledge that I sought would be from a certain perspective, historically situated and influenced by my own viewpoint and values.

"the researcher has multiple intentions and desires, some of which may be consciously known and some of which are not" (Schleuerich 1997: p62).

Mishler (1991) likens the researcher to a photographer who makes a choice as to how to frame his subject, and compares the resulting text to a photograph, frozen in time, contextualised, - a printed and edited version of reality. All accounts gathered by the interview method will be therefore more akin to what Richardson (1996) calls 'visions of reality' rather than a mirror of inner reality. From a postmodern perspective, there is no reality to be discovered, but multiple realities to be created. As a researcher within this framework, I had to abandon any detached observer status and recognise that value neutrality was not a legitimate goal.

As well as the problem of the influence of researcher value bias, a postmodern perspective also highlights the problem between language and meaning, which is described by Mishler as:

"contextually grounded, unstable, ambiguous and subject to endless reinterpretation"(Mishler 1991 p260).

He points out that what an answer means to a researcher can easily mean something different to the participant and what a question or answer mean to the researcher can easily change over time or situation. So the knowledge gleaned from the interview has to be regarded as local rather than generalisable and that the knowledge gleaned is validated through practice rather than empirical evidence - in other words it should demonstrate viability rather than validity:

" there is no clear window into the inner life of an individual. Any gaze is always filtered through the lens of language, gender, social class, race and ethnicity. There are no objective observations, only observations socially situated in the worlds of the observer and the observed" (Denzin & Lincoln 1994 :p12).

As a practitioner of over twenty years, I realised the importance of forming relationships and of providing a suitably conducive environment for open dialogue. Although the aims of research interviews differ from those of therapeutic interviews, the quality of the relationship remains a stable element in both. Checking my understanding while allowing the interviewees the space to tell their stories, managing tendencies to stray off track, encouraging conversation without asking too many questions and communicating respect and interest were some of the ingredients in the research dyad.

Having decided on semi-structured interviews as the most productive means of exploring the topic of values in Study 1, I prepared an interview schedule and piloted it with several colleagues. Amendments were made which focused on invitations to talk rather than on direct questions in order to avoid conceptual difficulties that were a result of the taken for granted and unreflected nature of values in peoples' lives. The interview schedule is included in Appendix C.

Interviews were set up by telephone and the agreed location was at the convenience of the participant. Sometimes that would take place in their homes, place of work or my home. These lasted at least an hour and were followed by a debriefing session that was usually about half an hour's duration. Sometimes this was recorded and at other times it was not, depending on the participant's agreement. Some wanted to speak 'off the record' while others were happy for the conversation to continue to be recorded. After each interview, I asked the participant if s/he knew of any other therapist who would meet the criteria for inclusion and be willing to take part. In this way I contacted people who came from different theoretical orientations, religious backgrounds and worldviews which made the sample more varied and diverse.

The interviews were carried out through a nine month period. As I continued to work full time, progress was often slower than I would have liked and time had to be managed wisely and responsibly.

My interview schedule (Appendix C) began with wide questions and invitations to talk (Rubin and Rubin 1995) which focused on choices, goals, decisions and conflicts as these are all value laden issues. These main questions were relevant to the purposes of the research but were flexible and changed as interviews progressed and responses indicated other fruitful areas of exploration. As well as five main questions, I used probes and follow-up questions in order to obtain a sufficiently deep level of meaning and understanding. These were relative to the participants' responses to the main questions and aimed at exploring and elaborating issues in order to secure depth, clarification and confirmation.

I found the flexibility of the interview schedule both a benefit and a drawback. It secured a wider variety of responses and provided new avenues for exploration, but in the analysis process, it was more difficult to compare and contrast client's stories and experiences as there was no definite structure to the interview questions.

Another initial difficulty was the participants' realisation that they seldom reflected on their values so exploring those in some depth was often a significant challenge. Although all the participants reported benefitting from the interviews in terms of self awareness, most of them found it hard work!

4.18 Credibility checks

Time was allocated after each interview for a debriefing session. This usually lasted from thirty minutes to an hour. During this time, participants could elaborate on the stories they had told, offer further explanations and share feelings, opinions and experiences and I could check on my understanding of their contribution.

As soon as possible after each interview – within twenty four hours - I drew up a Pen Portrait of each participant and sent it to the appropriate person for validation or invalidation. The Pen Portrait was a summary of how I had understood the person in

terms of the values that had emerged in their stories. While several of the participants were surprised that values were as significant in their lives as was apparent from the interviews, no one disputed or disowned the values that I presented to them.

As the analysis progressed I selected three of the participants – one from each theoretical model - and discussed with them more fully how I interpreted the data from their transcripts and invited them to comment, object or validate their stories. The most common response was interest that values played such an important part in their choices, decisions and conflicts and how little they actually reflected on their values.

4.19 The need for sensitivity

The topic of values is a sensitive and personal issue so I was careful to protect the welfare of the participants in several ways.

I presented myself as a collaborator and colleague who appreciated the willingness of the participants to contribute their time and resources to the study. Being genuine, open and having empathic understanding were important qualities which I tried to communicate and I also communicated interest in and respect for the stories they recounted.

However, although I encouraged the interviewees to tell their stories in their own way, I had to remember that I was exploring a specific topic so had to manage the tension between directing the interview to maximise a focus on values and encouraging the participants to express themselves freely and spontaneously. I also had to guard against asking too many questions and challenging core beliefs while simultaneously checking understandings and meanings without being too intrusive.

4.20 Ethical issues in Study 2

The ethical issues in Study 2 were addressed separately. This study concerned a transcript between one of the therapists in Study 1 and her client. I had approached

this therapist and asked her if she was willing to record a therapy session and allow me to analyse it for my research. I chose this particular therapist because she adhered to a single model (person centred) and I took heed of the recommendation of Kubacki & Chase (1998) on the benefits of exploring the values of one model before proceeding to more integrated and eclectic models.

The therapist then selected a client that she thought might be willing to participate and secured her willingness to allow a recording to be made and used in the project. I did not have direct contact with the client, and all communication was done through the therapist but I checked with this therapist on several occasions to ensure that the client was reliably informed about the aims and processes of the study and assured myself of her continued willingness to be part of the study.

First, a description of the study and an explanation of the purpose of the recorded therapy session was sent to the therapist (Appendix D) who gave a copy to her client and discussed it with her, and a consent form (Appendix E) was signed by both parties. When the session was transcribed, I sent a copy to the therapist and we met to discuss the contents. We decided that the client should also have access to the transcript and that the therapist would discuss the content and encourage comment. The client was told that she could challenge any aspect of the transcript and withdraw her consent at any time with no questions asked. However, the client appeared to have no difficulty with ongoing permission and was assured that all names and identifying aspects of her story would be changed.

Later in the study I met again with the therapist in Study 2 to discuss my analysis of the transcript. While she readily owned the values that I had identified in the transcript she had reservations about my comments on influence. While I had interpreted some of her interventions as persuasive, she thought of them as presenting alternative perspectives which her client could accept or reject. She was committed to a person centred perspective because of the value it ascribed to people and felt that any influence that increased a client's self worth was legitimate. However, she was happy for me to present my interpretation of her interaction and agreed that it was understandable that I could construe it in the way I did. A follow-

up study on the client's experience of this therapy interview was not possible as the client left therapy at the end of her contract and moved from the district.

A transcript of the interview is included in Appendix E and a reading of this will enhance the reader's understanding of the analysis of Study 2.

4.21 Values guiding the interviews

As indicated earlier in this chapter, (4.1.6) I had, to some extent, reflected on my values position before the interviews took place. My view was that value neutrality was no longer a credible stance but I also had reservations about the possibility of suspending personal values so that they did not contaminate the interactions. I decided that the values of honesty, straightforwardness and openness were relevant to the interactions and respect, interest, curiosity and appreciation could all be activated and contribute to the climate of the interview.

My previous post graduate work (M.Ed; M.Phil; PG Diploma in Personal Construct Psychology) had all centred on the issue of motivation. From these experiences and from my reading in relation to my PhD, I was persuaded that a possible alternative to value suspension was the intentional activation of a cluster of values which would guide a specific enterprise and enable me to reach my goal. The values I chose as guiding principles in the project were: respect for all participants despite difference; a deep curiosity about their stories; conveying equality and empathic understanding; openness and honesty and a commitment to tenets of good qualitative research.

4.22 Journaling

I kept three forms of records throughout the years of this study. One was in the form of memos which described the evolving nature of the thesis especially the field work, its decisions and choices, their rationale and outcomes and my own experiences of being a researcher. These memos record how the theory developed, the rationale for inclusion, the integration of lower into higher categories and struggles to organise and impose some kind of order on the data.

I also kept notes and reflections on the significant books and articles I had read which served as indicators of what other researchers were saying about my topic and which stimulated me to follow up literature from other disciplines that I may not otherwise have recognised as relevant to my study. One example of this was a book by a Norwegian anthropologist, Marianne Gullestad,(1996) who explored the values of ten aspiring writers who had won a national competition for their biographies. The results of her study reflected the Norwegian culture and the changes that had taken place in the last few decades and I found the contextually based interpretations she offered extremely helpful and illuminating.

The third journaling exercise was a record of my personal thoughts, feelings, hopes and fears which I have kept throughout the years of this study. They included my personal feelings about the interviews and the interviewees and personal evaluations of what had and had not gone well. These writings provided opportunity for both reflection and reflexivity and served as a constant reminder that the role of researcher was one who created a vision of reality rather than a mirror of reality. The knowledge I accumulated was filtered through my personal perspectives which in turn were influenced by my own background, viewpoint and values. During the course of the study, I also wrote several articles which were published in professional journals and these are included in Appendix F

4.23 Analysis of study 1

The recordings were transcribed by an experienced professional who was bound by the same confidentiality codes as the researcher. I listened to them on a variety of occasions until I felt I had a good understanding of the stories the participants were presenting and I listened to them again while simultaneously reading the transcripts .

The data analysis was assisted by the use of the NVivo Qualitative Data Analysis Programme (Gibb 2002). I attended a two day workshop on the use of this software which enabled me to utilise its functions in managing the plethora of data that the interviews produced. Codes and categories could be assigned to the data and it allows codes to be incorporated to form categories. Retrieving the data by means of

colour coding was useful and facilitated searches for words or units of meaning which had been filed previously.

However, two days training did not provide me with the skills to make best use of this software so although I found it highly useful, I also resorted to other, more ordinary methods such as flip charts, post its and pen and paper in order to manage the data and impose some sense of meaning into the findings.

One of the main problems that confronted me was the large amount of unstructured data that would be produced and I found that Grounded Theory offered strategies for handling and analysing unstructured qualitative material while still retaining a commitment to the canons of “good science” by its significant commitment to methods and procedures in order to increase the authenticity of the data. The analysis began with a close systematic inspection of the data and the generation of concepts and categories. Data collection and data analysis proceeded simultaneously, and theoretical sampling allowed for emerging themes to be explored in subsequent interviews, thus providing a flexible and iterative method. Later stages of the analysis involves creating links and attempts to account for the interrelationship between the categories in light of their wider theoretical relevance, and so provides a means of offering a grounded theory from the plethora of data gathered.

I adhered to the principles of grounded theory specifically within a constructivist framework (Charmaz 2006) - I was not looking for a single universal truth but a local truth based on peoples’ stories.

However, I had some reservations about the use of grounded theory. One of the problems with the concept is the ambiguity, diversity and apparent contradictions that have arisen as a result of its rapid elaboration from the tenets of the original theory by Glaser and Strauss (1967)

My first stumbling block was the injunction to ignore previous literature on the topic to be researched so that the researcher can approach the area of study with an unbiased mind and no preconceived notions. ‘Ignoring the literature of theory’ as Glaser and Strauss (1967) suggest was not a position I was comfortable with and I did not believe that it was a satisfactory remedy for the elimination of the biases and

perspectives which I would inevitably bring to the study. Instead I favoured Strauss and Corbin's (1994) approach which called for theoretical sensitivity which recognised that identifying and managing biases was more realistic than eliminating them. My aim was to know the literature while remaining sensitive to the data.

I liked Grounded Theory's approach to reflexivity and its resonance with Personal Construct Psychology. Kelly (1991) stresses that both client and therapist, researcher and researched view the world from their own construct system and so it is important to understand one's own stance as one that has been constructed as a result of background and experience rather than reflecting eternal truth, rightness or certainty. An understanding of one's own constructions then allows an understanding of the constructions of another through the lens of that other as similarly reflecting local truth, of value and importance to the individual concerned, but not reflecting competing truths.

Although Grounded Theory is accused of not considering the social setting and the historical traditions in which the research takes place, I felt that the social constructionist perspective which forms the theoretical background to the study places both Grounded Theory and the intervening processes within a constructionist framework. No theory can be considered to be independent of social influences and the constraints and opportunities that are inherent to them.

One of the reasons for choosing Grounded Theory was that its development over the years meant that there was no single 'right' way of implementing the process and it had a pragmatic orientation, often being used to identify and improve practical ways of living and working. It also provided a way of managing a large amount of data which could often be overwhelming.

4.24 Grounded theory process

Coding is an important and vital element in the analysis and started with the first interview. I chose line by line open coding to ensure a comprehensive understanding of the data and used the NVivo programme to store the results. The 'free node' section of the programme allowed themes to be identified and collected. This

allowed the recognition of repeating ideas to be grouped together using the ‘tree node’ facility.

Each interview was similarly processed and constant comparison took place between the transcripts and verified Grounded Theory’s claim to be an iterative process. This collection and analysing of data continued until no new categories or useful data was emerging. I was aware of a tendency to continue to interview and process data for fear of missing some important aspect, but a fear of being overwhelmed by the sheer volume of material constrained my aspirations and when I considered I was hearing nothing new I decided that saturation point was reached.

When the data had been reduced to meaning units I faced the task of articulating these meanings in a way that both reflected the voice of the participants and also my own understanding of the stories they told. Higher level and more abstract categories were constructed, and although I made every attempt to use in vivo language to name those categories, it was not always possible in the interests of coherence and clarity. Eventually three Main Categories and were decided on and the metaphor of a journey was used to capture the stories offered.

Table 9 Main categories

<i>Becoming a pilgrim</i>	<i>From transmitted values to chosen values</i>
<i>Becoming a professional therapist</i>	<i>Integrating personal and professional values</i>
<i>Becoming one’s self</i>	<i>The search for authenticity</i>

4.25 Analysis of Study 2

This study explored the values interactions between a client and her therapist and was the fourth therapeutic session in a six session contract. It was analysed according to the principles set out by Gilligan et al (2003) in a Listening Guide. This encourages the researcher to get to know the respondent’s inner world by paying

attention to the different voices within as a pathway into understanding the participants' perspectives rather than a fixed framework. The Listening Guide method has its origins in Gilligan's (1982) studies on identity and moral development and developed and emphasised the importance of attending to what the client is saying. It comprises of a series of sequential listenings to distinct aspects of a person's story and is intended to help the listener tune into the story on multiple levels. In this study there were two voices to be listened to – that of the client and that of the therapist.

Using a recording of the interview, two listenings took place initially to become familiar with the story presented by the client and the therapist's responses. The third listening was guided by the search to identify value units in either the therapist's or the client's discourse. Further listenings were carried out, and each time, the value units identified were underscored on the text in different coloured pens. Notes, summaries, questions and observations were also recorded after each listening. A list of all values interactions was compiled which included the responses before and after the value expression occasion.

After several listenings I attempted to look for the client's core values by means of completing identity statements such as "I would like to.." "I am committed...; I need to be in control; I like to plan and organise" while also completing the same exercise for the therapist. The aim of this was so that I could compare the core values of each and from the preceding and proceeding interactions, come to a closer understanding of how the values of both client and therapist were harmonious or disharmonious. Some of the values interactions were melodious and others were discordant and I wanted to find out what happened when values collided as well as what happened when value accord seemed to be reached.

4.26 Validation of both studies

Discussions of the findings and emerging themes from both these studies took place with my supervisor who read the transcripts, commented on their interpretation and provided many illuminating and stimulating perspectives. I took the opportunities at

these discussions to explore my own attitudes to and understandings of the interactions and the quality of the data collected.

I discussed the relative findings with four of the participants, who although expressing surprise at the value laden nature of their conversations, all agreed with the values identified and the accuracy of the life journey described.

5 Findings of Study 1

5.0 Introduction

The cultural context within which any study is carried out has significant implications for both the data collected and the explanations and interpretations offered by the researcher. This study takes place within a postmodern framework which proposes a re evaluation of values. I illustrate this process from the stories of the participants in the study as they recall and describe their value positions at various stages of their lives and reflect on those they have abandoned, and those they have retained, modified and created. In order to contextualise and elaborate the meaning that values have for these participants, I have located their values in their personal experiences grounded in the biographies they recounted.

Although the data were analysed using a grounded theory approach (Chapter 3) the findings are presented in narrative form as this format best illustrates the chronology of the values held and contributes to an understanding of the function these served in the various stages and events of life. This thesis presents a view of values as dynamic entities which take on different significance at different life stages and, although chosen from a cultural pool of common values, are created into unique value systems by individuals according to their experiences and meaning making capacities.

The findings are presented using the emerging categories as section headings. Three categories were created in order to chart the journey of the study participants.

The categories provide a picture of the phenomenon of values as perceived by practicing therapists and the researcher becomes the storyteller “inviting the reader to see through your eyes what you have seen, then offering your interpretation” (Wolcott 1990 p27-28)

Chronological integrity is maintained which allows the reader to follow the participant’s development over time (Wolcott 1990). Quotations are taken from the texts to illustrate how the theory is grounded in the data.

5.1 Introduction to the study participants

Participants have not been named in order to preserve anonymity and confidentiality but details of age, previous career experience and religious stance / theoretical orientation is indicated.

Table 10 The participants

	<i>Gender</i>	<i>Religion</i>	<i>Previous career</i>	<i>Theoretical Model</i>
1	Male	Protestant	Clergy	Psychodynamic
2	Male	Protestant	Clergy	Person Centred
3	Male	Atheist	Medical student	CBT
4	Female	Protestant	Nurse	CBT
5	Male	Buddhist	Psychologist	CBT
6	Female	Jewish	Clinical scientist	Person centred
7	Female	Protestant	GP	Family Systems
8	Female	Agnostic	Teacher	Person centred
9	Female	Protestant	Teacher	Psychodynamic
10	Male	Catholic	Nurse	CBT
11	Male	Catholic	Social worker	Psychodynamic

5.2 Category 1: Becoming a pilgrim

There are many similarities between the therapists’ journeys in this study and the metaphor of pilgrimage. Originally the idea of pilgrimage had a theological meaning. Life was seen as a journey from an earthly habitation to the heavenly city of God and introspection was encouraged as the means by which a person could draw closer to God.

An alternative – and more relative - view of pilgrimage gives expression to the post modern experience of ongoing change and the awareness of human development and learning as a lifelong process.

The post modern pilgrim may not be journeying to a celestial city but s/he may also embark on a journey, both inward and outward, in the pursuit of self knowledge and insight in order to attain a closer approximation to the goal of ‘finding oneself’, of establishing integrity, and exploring the ideas of self fulfilment and self actualisation. The participants in this study can be understood as searching for something good to be and good to do and although this has moral overtones, the dilemma of moral values is one which is an inevitable part of the values debate.

So the notion of a pilgrimage may encompass both religious and secular contexts. While a theological view encouraged the individual to be in touch with a supreme being, an alternative view would be that the person has to connect with something deep inside – we have come to think of ourselves as having inner depths

5.2.1 Limited Selves

To glean an understanding of the participants and how they came to be therapeutic practitioners, I explored their perceptions of their personal history and the culture which shaped their early beliefs and values. As Bannister (1982) points out:

“We can see our history in a variety of ways, but how we see it, the way in which we interpret it, is a central part of our character” (p18).

The participants in the study recount their inner and outward journeys, and describe their search for something which they considered good to be and good to do. These concepts of goodness emerged a result of the feedback and validation (or invalidation) of parents and significant others in a social setting, and was based on the values transmitted and promoted in the family of origin. It would seem that from early childhood, the participants were constructing a belief system about themselves and their social world from their relationships and interactions in their communities of origin.

The participants' understanding of values in early childhood was that these represented norms and standards which were transmitted by significant others, and to which they were expected to adhere and adopt as their own. The values which were transmitted in these early days provided a standard against which they could match their beliefs about self and the world, their aspirations and their strivings and their growing identity formation. With the feedback they received, the participants corrected these theories and their developing concepts of identity – or reinforced those aspects which met with parental approval and validation. From the values in the home and immediate culture, the participants formed personal ideals within various domains of life and these ideals profoundly influenced the formation of a sense of self and influenced individual developmental pathways.

Participants in the sample came to decision regarding therapy as a career after a long history of interactions, initially within the family and later with peers and colleagues.

The most salient feature of the early life of the participants in this study was the influence of their cultural environment on their sense of self and their sense of the other. The sense of self which they formed in early life was limited by the information which was available to them at that time, and derived from their interactions with others in their communities. The high value placed on caring for others and social responsibility by parents and communities was a common theme in most interviews. Many of the sample cited close family relatives who had sought a career in the helping professions, and the virtue inherent in this choice was a repeated theme in the family story. The participants came to understand themselves as possessing certain characteristics relevant to helping behaviour, because these were observed and validated by others thus promoting the acts which went with them. Recognition and affirmation of qualities such as the ability to listen, understand and empathise led to feelings of competence and a sense of worth which resulted in engaging in helping behaviour and this validation contributed to subsequent career choices.

“People talked to me and opened up about their difficulties and that was very rewarding and I seemed to have this identity foisted on me by people around me” (Participant 9:10-12).

Participants reported being attributed with qualities such as good at listening, having insight and understanding, good with people and having time for others. These beliefs about the self formed an integral part of their identity, self concept and self esteem. Acting in ways which were consistent with the validation of others provided a sense of and desire for authenticity and integrity.

Criteria for belonging and worth were perceived as being contingent on obedience and conformity to family values and to the family story. Their sense of worth was related to the degree to which this conformity was achieved and on how successful they were in securing validation of their behaviour from significant others. An adherence to rules, respect for elders, and an unquestioned acceptance of the family story resulted in validation, acceptance, belonging and a secure sense of worth.

For one of the participants, however, the experience of helping came about because of dysfunction in his family. He left a home characterised by secrets regarding his mother's mental illness, a lack of openness and an absence of care. He learned to survive by being helpful and placatory. As a student, his need to find a context in which he could help others led him to work in a community which supported disturbed teenagers. There he experienced being helped as well as helping, being supported, accepted and regarded - values that he came to hold dear and which later formed the value system for his therapeutic practice. This reciprocal nature of helping and caring was a significant factor in all the therapists' stories.

“I found that I was good at listening to people in difficulties...I grew a lot in terms of self confidence and began to understand a lot about myself and other people” (11:6 -7).

5.2.2 Religious heritage

Religious belief also contributed significantly to the values in early life, and for all of the participants, Judeo Christianity provided the ideological basis for these values.

For some, those beliefs resulted in a very tight and sometimes impermeable view of what was considered good and what was bad. The more committed the family was to religious beliefs and observances, the more expectations there were for family loyalty and solidarity. Rigid ideas as to what constituted right and wrong, imposed authoritarian rules, and an expectation that children would unquestionably submit to the family agenda were recalled as significant aspects of a strict religious upbringing. At some time in the lives of the participants, the desire for independence of thought and action conflicted with submission to transmitted values, especially when the imposition of values and beliefs threatened self esteem.

Along with strict moral standards for behaviour, however, these religious homes promoted the values of self sacrifice, loyalty, obligation and commitment. They also provided comfort, security, affirmation and predictability.

Although many religious values were subsequently re evaluated and loosened later in life, there were certain core values which were retained.

The values of care, compassion and respect which were part of the participants' professional values were attributed to religious influences in their upbringing. Perhaps the most significant contribution of religion to the value system of the participants was the ontological basis it provided as a rational for a belief in the worth of human kind which was retained although other religious beliefs might have been jettisoned.

“Where I come from is a theological background which stresses very importantly that man is made in the image of God...That means I start from a very high view of the person” (1:160).

The role of religion in the lives of the participants changed radically as they grew older and although religious beliefs were significant in the early lives of the participants, these beliefs underwent critical re evaluation as the individuals developed. The childhood values of obedience and conformity were the first values to be modified or abandoned in a search for something better by which to define themselves.

As the participants from religious backgrounds encountered experiences out with the family sphere, they began to re examine many of the values they had previously given unquestioned allegiance.

One therapist who was brought up as an orthodox Jew remembers the limitations placed by her parents on those who they considered worthy of respect. She left home in order to pursue university studies and during that time became convinced that it was wrong to build boundaries for respect any narrower than around the whole of humanity.

“Where it goes wrong I think, is if we only have respect for Jews and other people don’t count. Occasionally I meet people like that and it is a clash of values for me” (6:26).

Most of the modifications to, and in some cases the total abandonment of, the religious systems of childhood, occurred within the domain of obedience and conformity. However much their religious beliefs changed, the participants all agreed that these early values still significantly influenced their practice and their thinking.

A religious heritage appears to maintain an influence with therapists even if they no longer consider themselves adherents of the original ideology. One therapist who had been brought up an Irish Presbyterian and who now describes himself as an atheist, maintains that his upbringing helps him understand the importance of religion to people and enables him to empathise with religious clients. Another participant attributes to his religious beliefs the feelings of compassion and optimism he holds

“it (religious belief) allows me to maintain optimism but it also allows me to meet them with compassion, to recognise the defences or suffering or the reasons people’s lives are confined or restricted” (2:117).

A clinical psychologist brought up in a religious home and now a practicing Buddhist maintains that his values have not changed since his youth although his ideology has.

“No. I don’t think they have..(changed) I grew up as a choir boy from the age of seven and was heavily influenced by Christianity. I think maybe I understand them better but I think my central core values are the ones that have been there as long as I can remember. It was those values that actually got me into this job in the first place” (7: 120 - 121).

All the participants, to some extent, shared the emphasis on obligation to others which characterised the religious influence in childhood. Even when care and respect were in scarce supply in the family, as in the case of one participant, there were strict religious norms in place regarding the necessity of appearing caring and being responsible for those less fortunate.

Thus the values of care, compassion and respect transmitted in childhood appear to be sufficiently robust to survive the critiquing of the ideology in which they were originally embedded, while the values of obedience and conformity were rejected in favour of growing aspirations for autonomy and independence from parental influence. Care, compassion and respect were seen as more in keeping with a desired self and a more compatible descriptions of how the participants would like to define themselves. In this sense all of the participants experienced a situation in their life which necessitated them ‘leaving home’ – that is, choosing from an array of values those which best fitted with how they wanted to see themselves. The values of care and responsibility for others were the guiding factors in the choice of the caring professions as their initial career choices. In this choice, participants assumed validation from family, themselves and the world of their chosen profession.

5.2.3 The place of morality

The participants in this study understood morality as both prescribed and proscribed standards imposed by an external authority and seen as:

“strict, standard setting rigid, filling people with despair because they don’t measure up” (1:395 - 396).

For them, morality was apt to be equated to religion and as such, was considered to have no place in the practice of psychotherapy. Several of the participants (2.466) described the religious morality of their childhood as ‘tyrannical’, claiming absolute truth which should be imposed on all human beings. The need to be non judgemental and encourage people to live their own lives meant that prescriptive norms and absolute truth claims were not compatible with therapeutic practice. The therapist’s task was considered to be about liberating people to:

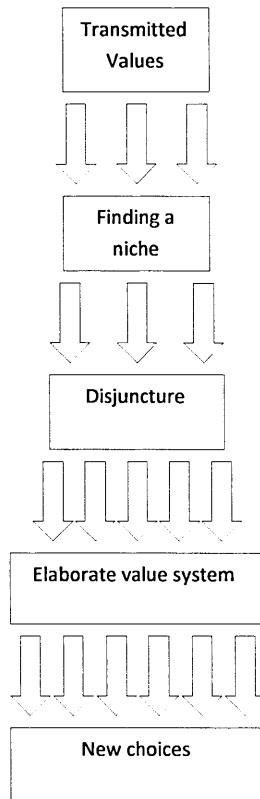
“actually work out for themselves what the rules are” (9:66).

The therapists’ notions of morality were significantly bound up in their professional code of ethics. This allowed them to retreat from the idea of personal morality but still maintain the principles of beneficence and nonmaleficence which resonated with the values of care, autonomy and respect. When confronted with clients whose moral values differed from theirs, the therapists appealed to the values of their ethical code and activated the values of respect and acceptance in order to counteract any potential conflict. Describing a client whose moral values differed from her own, one therapist describes herself as:

“..frustrated, irritated to the core and because of my professional values of respect and regard, I’ve got to hide that”(4:63 - 64).

In contrast to religion, psychotherapy was not considered to have a “guiding morality” which clients have to buy into. Morality, both clients and therapists was regarded as a private matter and no norms or standards of behaviour were regarded as being obligatory for all and respect for others was not dependent on shared perspectives.

Figure 2 A map of the journey



5.2.4 Leaving home

Leaving home is a concept which is woven into of the fabric of contemporary society has always been part of the cultural expectations of our western civilisation. At some point in their lives, people are expected to make decisions about the occupational opportunities available and commit themselves to life plans and projects that will situate them in meaningful social niches. The concepts of self reliance and self sufficiency are part of the induction into the process of leaving home.

Sooner or later in their lives, all the participants were faced with the task of establishing a relative degree of freedom from early sources of influence.

This study suggests that coming of age and breaking away from parental influence constitute part of the experience of 'leaving home' in our western culture and indicates an experience where the shared horizons of the family and community of origin are no longer viable in new situations.

Experiences of 'leaving home' occurred at different times in the lives of the participants. These experiences were mostly a response to a situation in which the transmitted values of childhood no longer served as guides and standards for determining behaviour. This study would suggest that leaving home, whenever it occurs, is a journey fraught with hazards, and involves a challenge to existing values and theories, especially theories and beliefs about the self. In this thesis I refer to such experiences as 'disjuncture'.

5.2.5 Experiences of disjuncture

Disjuncture is caused when the existing value system is inadequate to make meaning of new circumstances

Peter Jarvis (1999) describes disjuncture as disharmony between our experience of a situation and our biography, and Mesirow (1990) calls the same experience a 'disorientating dilemma'. The former writer claims that the gaps between one's experience and one's biography are more important for growth than harmonious experiences. This section of the thesis traces the participants' experiences of disjuncture which arose as they began a journey from the values and beliefs of their traditional community to new, previously uncharted territory.

Although the participants in the study acknowledged the cultural expectations of becoming independent and self reliant, they also recognised that this transformation was expected to take place within the values frame of their family and their community of origin. In other words, the participants were expected to embark on a vocation or way of life that was acceptable to and consistent with the family story, and all of the study participants initially conformed to this pattern, choosing careers that were highly valued by their families.

All of the participants reported experiences of disjuncture when they discovered that what they had brought from their communities of origin did not match the culture of the new territory in which they found themselves. All of the sample started along a career path which they hoped to find fulfilling and meaningful, but most of the sample became disappointed, disillusioned and frustrated with their chosen

profession. They soon found that many of their background assumptions about their professional world were challenged and invalidated in the new territory in which they found themselves.

Familiar features of their landscape had disappeared and the identities which had defined them in their communities of origin were no longer useful currency. The family story no longer sustained them and was not validated in their new situation, but they had not yet formed an alternative identity or way of thinking about themselves to make sense of their situation. This led to feelings of alienation, confusion and frustration.

Experiences of such disjuncture also led to feelings of lack of self worth, inferiority and uncertainty. Having identified the limitations of the family story, they were no longer sure of what constituted a good person and a meaningful task. The social injunction to take charge of their own destinies left them confused and struggling to maintain continuity as they sought to apply traditional values in new situations. Decisions about the best way to be and the best thing to do in their new situation had to be made with an incomplete set of rules and the assumptions they had made about the value based work of the caring professions was not substantiated. The criteria which previously served as a concept of what it was good to be – obedient and conforming - were no longer descriptions of how they wished to be seen. The initial strivings for autonomy and independence had not always been validated in their communities of origin so were not yet sufficiently well formed or contextualised to provide a firm basis for self esteem and action. In summary, they found themselves faced with situations in which previously held values and concepts of the good were no longer considered by them to be appropriate, but new emerging values had not been sufficiently validated by a new community to provide a new ideology.

Three of the participants found that their original career in the NHS did not allow them sufficient opportunity to express the values they considered to be essential for their work. From their family of origin, they had brought a concept of people as worthy of respect and, for them, giving time was a mark of that respect. However the system in which they worked limited the amount of time that was allocated to patients – as described by a family therapist who had started out as a GP:

“One of the frustrations of general practice for me was that you never had time to make a difference to people. Having already done psychiatry I kind of recognised the importance of having time and taking time”(5:3 - 4).

One respondent reported a significant clash of values in her primary career as a researcher doing clinical trials in an oncology department of a London hospital. As well as a time issue, for her the main clash was in the express instructions of the hospital system to relay information which she regarded as inaccurate or untrue. Her strong value of honesty was challenged and when she could no longer escape the resulting dissonance by any other means, she left her job and trained as a therapist. The conforming obedience of childhood was no longer a high value and carrying out instructions with which she did not agree caused significant discomfort.

Not all of the disjuncture experienced was a result of the professional experiences. For some, the experience coincided with a geographic relocation. Having to leave their original community and establish themselves as individuals in an alien environment without the experience of validation from their communities of origin caused confusion and loss of identity.

Another of the participants who was the youngest of six siblings had always taken a lesser place in the family structure and associated with this were the comforts of belongingness and protection. However, in a new professional environment she found that such an attitude resulted in being underestimated and not heard, and in a subsequent lack of self esteem. In the face of her dilemma, she began to elaborate the value of equality and reports this as now being her most salient value for her life and practice.

“I am much more intent on being equal than ever I was before. It was okay when I was younger ...now I see myself as being much more equal to others” (4:37 - 38).

One man left a rural environment with close family connections to take up career opportunities in London. He describes his experience:

“I was exposed to a much more liberal society than ever I was before..it challenged a lot of my values and that had a very destabilising effect so there was this sense of being at sea for a while” (9:69 - 71).

For others, disjuncture was neither associated with professional life nor geographic relocation. A participant who was the daughter of a Presbyterian minister had happily conformed to the expectations of her family, adopting their strict values and moral code, did not experience disjuncture until her own children displayed strong individualistic tendencies and did not conform to her expectations of them.

“My children have all had their own journeys and have all ended up in different places...quite different places to those which I anticipated. My assumption was that they would have done exactly what my parents had expected me to do” (9:5).

This awareness brought her face to face with the judgemental aspects of her inherited value system. In order to accommodate her children within her concept of goodness she had to tell another story. She framed this story within two aspects of culture. Rapid changes in economic and social structures of society have meant that adolescents have to work out for themselves the values and beliefs that are appropriate for them in a pluralistic society. These changes have meant that non questioning acceptance of transmitted values lead to truth claims and assumptions resulting in people having ‘a lot to battle with’ as they confront new and different situations. She considers intransigence in holding unexamined values as a major source of conflict in relationships. By reframing her dilemma over her children’s lack of conformity to transmitted values, she can perceive her children having the same values as she has, but expressing them differently. Her narrow band of beliefs as to how people should and ought to behave had been ‘blown out of the water’ by her own children. This experienced challenged her tightly held views on goodness and resulted in her elaboration of the concept to include those who believed and acted differently from her personally held behavioural norms. The need to make concrete decisions about values led to major reconstructions of her attitudes and beliefs. The value of non judgementalism became very important and replaced the

value of conformity. Her focus shifted from the condemnation of sex outside marriage to fidelity in relationships regardless of marital status. By restructuring her values in this way, she embraced the core values of acceptance and non judgementalism, thus enabling her to preserve the 'goodness' of her children. She claims that her values have not changed but are expressed differently.

In the face of similar disjuncture, others in the sample found that they had to abandon or suspend many of the values they had previously adhered to. Situations and events with which they were confronted demanded a response which challenged their existing values frame.

The values which defined them in their home were no longer sufficient to secure validation in their new situation. So a re - examination of values took place. Only one of the participants continued in his first choice of profession. After completing doctoral studies, and professional training, he entered the NHS as a psychologist. In this profession, he too found a dissonance between his own value system and the demands and restraints of his professional body. In order to reduce the dissonance caused by a clash of values, he has had to conform to outward expectations in his profession, while inwardly espousing his own beliefs and values.

“I work primarily individually with people because that allows me to work in the way I feel most comfortable without the possibility of conflict with other people. Some things my colleagues would do I see as pathologising people” (7:94 - 95).

In this way, he avoids conflict with his colleagues and superiors in the NHS system, and strives to maintain his own integrity.

Two of the participants were established Christian ministers, and both entered the profession with the ideals of offering help, comfort, challenge and respect. Both came into conflict with the expectations of the church and their own emerging value system. One of these was from a fundamentalist background characterised by very strict ideas as to what constituted a right way to live. Adherence to rules, religious observances and a categorising of the 'other' as alien and 'lost' characterised his early beliefs.. His reading of the works of Carl Rogers brought about a change in his

thinking which gave him a way of perceiving others as like himself – an explorer on a journey of discovery, and he made meaning of the life of Carl Rogers as being similar to his own in many ways

“The early life story of Carl Rogers seemed to touch base with me in so many ways. This is somebody who has been on, in some ways, a slightly similar road to mine” (1:464 - 465).

This shift in values allowed him to be more accepting of himself when he did not match up to his own ideals as well as giving him a rationale for an accepting and non judgemental attitude both for himself and others.

The second minister in the sample came into conflict with his church over their expectation that his aim should be to ‘convert’ his clients to Christianity under the cloak of pastoral counselling. He, however, was becoming convinced of the right of the client to choose direction and his ethical responsibility not to intentionally influence vulnerable people. His view of the purpose therapy as freeing people from tyranny – in this situation the tyranny of the church - was in direct opposition to the expectations of his denomination, so he left the church and took up therapy as a career.

Disjuncture therefore emerges from the sample’s experiences of the limitations of the selves which they had formed as a result of their early upbringing did not hold sufficient meaning for them to make sense of their new experiences and communities. Their existing road maps no longer provided adequate direction and new roads were not yet established. The comfort, security and belongingness which had rewarded their conformity to existing values were no longer appropriate and they did not have sufficient experience to establish new bases for belonging and worth. Their transitions had become a wilderness experience. Like pilgrims, they found themselves homeless – ‘deprived of the memory of a lost home or the hope of a promised land’ (Camus 1960; p5).

The participant’s experience of disjuncture posed a threat to previously held values and to their identity. They now needed to work out an identity which they could

regard as their own, and which they could sustain in the face of external opposition. In order to accomplish this, they had to find a context in which they could express their own values and interact with others with similar values

Although these disorientating dilemmas occurred at different points in people's lives, they shared a common experience of loss of identity, certainty and vision and a revaluation of meaning and purpose. All the participants in the sample experienced the limitations of their value systems and their sense of self as they addressed the problems facing them and as they tried to free themselves from external evaluations and carve out a niche for themselves in the world. This caused frustration, conflict and discontent. Although the participants were not happy with where they were, they did not, at that time, have sufficient vision of what they wanted to do and be to allow them to take action.

5.2.6 The influence of role models

In this disorienting dilemma, help arrived in the form of role models. Although there was no direct question on role models or the significance of their influence in the interview schedule, all except one of the sample offered their experience of meeting with role models as an epiphany in their lives facilitating vision, hope and self esteem. This provided me with the opportunity to explore the concept of values from the perspective of ordinary understanding and common language. The contribution of role models to the participant's developing sense of identity and purpose was highly significant. These role models were sometimes tutors, colleagues or supervisors associated with training and practice; or personal therapists who had contributed to the participants' understanding of themselves and the world and also writers and moral leaders whose life and writings reflected admired values and encouraged consideration of new perspectives and ideas.

Fishbein (1967c) maintains that one's attitude towards an object is a function of one's salient beliefs about that object, therefore it is appropriate to assume that what the participants found admirable in their role models were strongly valued 'goods' which although not articulated or in awareness at the time, were subsequently given

form by the interaction with these role models. Role models provided the participants with lived examples of different values to choose from.

For all of the participants in the sample, role models provided an evaluative and interpretive context for considering new possibilities about self and behaviour which, at the time of the initial encounter, were not firmly established in their identities. The qualities and behaviours of the role models gave form to something that, up to this point, the participants had found difficult to articulate. The encounter with these role models helped clarify for them what kind of a person they wanted to be and what constituted what was good to do.

In the role models, the participants saw something they valued and they were inspired by them. This relationship resulted in a scrutiny of the values they held, the elaboration of some and the jettisoning of others.

5.2.6.1 Credibility of role models

The role models all had qualities which were admired by the participants in the study and to which they aspired. These exemplars came from various sources – family, colleagues, therapists, supervisors or tutors – and others were admired through their writings and their own stories. Despite their differences, they all had several qualities in common.

5.2.6.2 Learners

The influence which the role models exerted was contingent, to a large extent, on the professional positions they held and on the esteem in which they were regarded by the participants. This esteem was based on participants' evaluations of the role model's knowledge, skills, qualities and flexible confidence in their outlook.

A commitment to learning, an enthusiasm for research and discovery and a way of pushing the boundaries of existing knowledge and practice were all admired by the study participants. Explorations of the new, the novel, and the unconventional were all regarded as the hallmarks of a person who was worth admiring, as was their

perceived capacity for change and growth and their ability to give voice to their opinions and beliefs.

“One of the tutors was well known in the counselling field; he was kind of inspiring. What these people had in common was that engagement with learning and trying to push things forward. Openness to new kinds of knowledge and different ways of looking at things, and with the capacity to kind of stand up and say this is my kind of perspective, this is what I think” (11:361- 364).

The sharing of knowledge by the role models was considered to be of great value to the participants at times of disjuncture in their lives. The knowledge that was communicated was not confined to a transference of information, but emphasised self creation, opportunity and discovery. One of the most admired aspects of the role models was the way in which they encouraged participants to explore new areas of possibilities, alternative explanations of previous taken for granted assumptions, and to adopt an openness to other perspectives. The challenge that the role models presented to be open to alternative interpretations of situations and the resulting broadening of ideas made participants feel good about themselves. Esteem was also enhanced by their increasing ability to articulate their own emerging world view, opinions and personal stance. This esteem was closely related to feelings of authenticity and this was to become a significant value as they proceeded on their journey

5.2.6.3 Encouragers

As well as theoretical knowledge, role models were admired for their degree of self knowledge and reflective ability. Their perceived commitment to their own personal growth and self fulfilment powerfully impressed the participants and encouraged them in their search for an identity which they considered worthwhile. It was to the self knowledge of the role models, acquired by self reflection, that participants attributed the ease and openness which characterised their interactions with others.

While tutors and supervisors contributed to theoretical knowledge, it was personal therapists who were regarded as contributing to participant's self knowledge by encouraging an inner journey of discovery and creation, establishing self esteem and generating hope for their future. This was apt to be more powerful when the individual sought therapy as a result of serious problems in life rather than those who committed themselves to therapy as part of professional development.

New ways of conceiving of themselves and their situations gave hope and courage - a vision of the future and a possible self.

5.2.6.4 Autonomous

Closely aligned with knowledge as an admired quality was the autonomy of thought and action that the participants perceived in the role models. These people exemplified a good idea of who they were and where they were going, and gave the sense that they were unbound by conventional and traditional ways of thinking and behaving. They were regarded as free from the need to be esteemed by others and as such, able to unflinchingly search for and face any truth about themselves. Having nothing to lose in terms of image, they had everything to give. Exemplars were seen as taking a courageous and open stance in the promoting of their beliefs and values and these beliefs and values were seen as personally owned and deeply held.

However, these beliefs and values were never imposed on others and the role models were admired for their ability to engage respectfully with people of different persuasions, or, in some cases, for the widely embracing nature of their writings and teaching. Respect for others was a high value for the role models and the boundaries they drew around this concept embraced the whole of the human race.

The perception of the role model's capacity for independent thought and the absence of conformity with accepted social standards and expectations had a significant impact on the group. For one participant the role model was her father and she describes her admiration for him in his ability to resist the family clerical tradition and take charge of his own career aspirations:

“I have been touched by my father's autonomy; my father seems a very original person, is independent and consults himself rather than

convention. (He had) that lack of convention.....sort of not deferring, finding an original and independent way ” (8:12 - 13).

Writers who challenged the status quo, who offered alternative ways of thinking and relating made a difference to the lives of the participants although they were not in any direct interactive relationship. Their autonomous actions, their risk taking endeavours and their creative ways of seeing and understanding were recognised by the sample as examples of how they wanted to be. Underlying all these attributes was the confidence in the positions they were upholding, the value of the task in which they were engaged, and a perseverance and commitment in their lives. Role models were dedicated professionals, carving out their own lives and careers yet open to challenge and with enough self respect to be respectful of differences.

5.2.6.5 Authenticity and Congruence

For a person to constitute a role model, more was required than knowledge and social esteem, however deserved the latter might be.

One of the admired qualities of the role model was the congruity and authenticity between stated beliefs and actions. They were considered congruent because they had a firm but not inflexible view of themselves and acted out of this identity in a way that could be validated by others. There were two aspects of this admired quality. One was the demonstration of an openness and honesty in striving for self knowledge and self awareness and a commitment to their development. The other was the willingness to share their perceptions of their inner life with others in an open and transparent way. They were seen as living out what they openly held to be valuable and worthwhile, acting according to their principles, and having the courage to stand up for what they believed. In these role models the participants observed values as reasons for action.; they brought values to life. There was little disparity between the values they espoused and the way in which they lived their lives. This provided the study participants with evidence of a way of life that was worth living and characterised by commitment and genuineness. The participants found much to

admire and trust in these people. The perceptions of the identity of the role models is related to where they are placed in relation to what is highly valued 'goods'

5.2.6.6 New sources of validation

However, the most significant aspect of the influence of these role models was the quality of the relationship between them and the participant in the study. Or, in the case of writers and leaders, the inspiration the participants felt when they considered their teachings and writings. The role models were seen as regarding another's good as valuable and worth promoting.

At a time in their lives which was characterised by uncertainty and disjuncture, the participants found that the interest and encouragement of admired others provided a needed boost to self esteem and a safe relationship in which to explore new possibilities.

There were two significant elements in the relationship with the role model – one was the effect on self esteem and the other was the motivation generated by the prospect of attaining a desired goal.

The experience of being accepted by an esteemed other without judgement, evaluation or reserve was significant. Role models were perceived as being committed to the good of others; they believed in the worth of human beings and participants experienced this in their interactions with them.. They were trusted as well as respected by their role models and as a result of the interest and encouragement shown to them, the participants sense of self esteem was enhanced and courage generated..

The raising of self esteem facilitated the other significant effect which the relationship had on participants. It was the sense that the role model believed sufficiently in the participants' capabilities for autonomous action that self esteem was enhanced to a level which allowed them to consider alternatives for being and doing. The confidence the role model had in the abilities of the participants to plan their own lives and the encouragement they gave the participants to work to achieve their goals, enhanced the participants self esteem and provided a hope for future

identity and behaviour. The role models encouraged the participants to believe that they were capable of more than they thought.

All the role models, whether in direct interaction or via literature, gave the participants a sense of what they wanted to be like, what was good to be ;they provided a vision of what they could be like and what they could do, as well as a hope in their own ability to achieve these goals

Role models were not seen as imposing their views on others, so participants considered themselves free to make choices and make their own decisions about what view they held and what was important to them.

However, the role models had significant influence on the participants and were challenged and encouraged by them to travel further and to be more than they were. Alongside this went the ability of the role models to identify and affirm abilities, characteristics and qualities in the participants which these role models considered could be developed and enhanced.

The influence of the role models provided a much needed boost to self esteem, helped create a vision of future possibilities and generated hope and courage in pursuing alternative paths. The value which the role models placed on their abilities and possibilities gave the participants a sense of confidence and well being.

The role models exemplified respect for and obligation to others. As well as this they were perceived as having a firm but flexible concept of what constituted what it was good to be and good to do. They also had an understanding of themselves as capable of transcending their present position or location and worthy of respect.

The participants in the study needed to work out an identity which was their own and which could be sustained against external – and especially parental, opposition. The role models provided new sources of validation and in doing so encouraged the participants to steer another course based on personal choice and commitment.

Figure 3 Characteristics of role models

The Role Models	
Qualities	Impact
Committed to Others' Growth Interested Encouraging Trustworthy Affirming	Self Esteem Vision Hope Courage

5.3 Category 2 Becoming a professional therapist

The choice to train as a therapist was an important one for all the participants and involved integrating their personal values with those of their profession and also of the theoretical model in which they trained. Their chosen theoretical orientation fitted with their personal values although the participants were not initially aware of this and most felt that they gravitated intuitively to the model which would be most congruent with their personality. Pragmatic factors probably contributed as the participants who were employed in other role in the NHS tended to orient towards CBT. Others were influenced by the theory adopted by role models, tutors or supervisors.

This section is about the values which are reported as important in therapeutic practice and which contributed to a professional identity. From the data it would seem that values are neither entirely inherited nor entirely chosen, but are selected from an available cultural repertoire of values as an individual proceeds on a life journey

“Identity consists of personal ways of knowing and personal ways of being that are continuously evolved in the process of mutual action in the social world” (Hoshmand 1998 p17).

Within the context of this thesis, a professional identity is understood as a sense of connection to the values and emphasis of the therapeutic profession and illustrated by Hoshmand’s (1998) definition:

“ a professional is someone who engages in value based work and continuously reflects on the merits and assumptions of such work” (p7).

Since, it is claimed, values are central to the way we structure our world and define ourselves, a definition such as Hoshmand’s also suggests that values will have significant implications for how we form and maintain a sense of self. Values which constitute the basis of a person’s identity are referred to in this thesis as core values.

5.3.1 Possible selves

The role models provided the participants with new sources of validation which helped them move from the limited selves of earlier stages to the concept of possible selves.

Possible selves are described by Markus & Nurius (1986) as views of the self that have not been verified or confirmed by social experience, but may remain unarticulated and unexpressed aspirations for what individuals want to accomplish in their lives.

The interaction and quality of relationship with the role models provided participants with a validated identity as caring for others. This had to a large extent been formed earlier, either in their community or origin or, in the case of one participant, in a substitute community which exemplified the values of care and respect which were missing in his family. The participants were affirmed in their belief in what was good to do, but re evaluated the way in which they could most satisfactorily accomplish

this. Role models had provided them with a concept of what it was good to be. Now their task was to integrate their understanding of what it was good to do and what it was good to be into a system of values which gave them identity and purpose.

5.3.2 From inherited to chosen communities.

Participants in the study all reported their growing need for autonomy, independence and freedom from the agendas of others. However, to some degree, all the sample experienced tension between their new found independence and the values of their traditional communities. Transmitted values were not always found to be appropriate to new situations and in the vacuum that their suspension left, the values of admired role models became the focal point for a re evaluation of the principles which guided their journey to find something good to be and good to do. While transmitted values were internalised with little cognitive reflection, a significant amount of exploration and evaluation took place in the search for an alternative set of values. The beginnings of a valued goal were beginning to form, how to attain that goal was exemplified in the lives of the role models who provided sufficient encouragement and validation to give these searchers sufficient hope of success. These factors combined to motivate the participants to take action in embarking on a career as a therapist.

5.3.2.1 *Choosing a theoretical model*

Several of the participants reported that their choice of theoretical model was significantly influenced by tutors, colleagues and role models.

Although a minority of the group cited pragmatic reasons for their choice – the availability of training within their organisation or the suitability of time and location of a certain course, almost all the sample were guided by an inner sense of resonance with the values inherent in the theoretical orientation they chose. However, it would appear that there was little awareness of this values fit at the time of choice; it was only in retrospect that they could identify the values which attracted them to the theory. One therapist who chose pragmatically, discovered that the values of the

chosen model conflicted with her personal values and, after completing the initial course, immediately undertook training in a model that she considered more compatible with her personal values.

One of the psychodynamic therapists described how his early experience in a therapeutic community led to his choice of model:

“The first part of my training wasn’t theoretical at all...before I had any kind of kind of theoretical model, I had a lot of experience and that really underpinned what I learned later and put into theoretical terms” (11:12 - 14).

While the role of values in the selection of theoretical model is apparent in this study, the various factors which influenced these values are less so. These findings suggest that there are various influences on values leading to choices – availability and convenience, role models, tutors and supervisors and general life experiences.

5.4 Foundational values

There were certain values that were shared by all the participants regardless of theoretical orientation. Certain values were those which had been transmitted in the family of origin and others were selected as they progressed on the journey to professionalism.

5.4.1 A caring ethos

The central value shared by all the participants was an ethos of care. This was indicative of the personal values that they brought from childhood and which, for most of the sample, had been acquired in their family or origin and was the foundation for their initial choice of career in teaching, nursing, medicine and social work. Many of the sample found that these early careers did not provide them with sufficient opportunities to express or operationalise these values of care, and decided that therapy was an alternative which allowed them to care in ways which were consistent with their values. Others saw therapy as a way of elaborating their existing

skills and equipping them to care for others at a deeper and at a more individual level.

5.4.2 Responsibility

Most of the sample articulated their own sense of responsibility for the welfare of others and a commitment to the goal of human betterment. Although most of the sample absorbed this value in their family of origin, the one participant whose experience of care was negative, subsequently had a formative counter experience of being valued and cared for and on which he modelled his values of care and concern for others and which determined how he treated people.

5.4.3 A belief in the value of therapy

The caring ethos was underpinned by the belief that people could be helped by therapy and by the communication of certain values within the therapeutic encounter. They were committed to the values and priorities of the therapeutic profession and of their chosen theoretical model and had faith in both people's ability to change and the potential for healing in the process of therapy. These beliefs motivated them to value and pursue knowledge and understanding with the vision of being a competent practitioner. They continually assessed the merits of their chosen model and its applicability to their practice. The more experienced these practitioners became, the more they looked for different theoretical perspectives to equip them for the complexities of clinical practice.

The main value cited by all the participants was the value of respect – and under this label there was a constellation of operational values - those which are enacted in professional practice. In other words, these operational values are what therapists actually do in order to communicate their value of care for others.

5.4.4 Respect

This was the most salient and agreed value in the practice of therapy, but there were various ways in which respect was operationalised into practice and various

ontological sources for the basis this respect. The compassion which many of the participants cited as an integral part of their practice was bounded by respect in order to avoid patronising and authoritative attitudes.

5.4.5 The value of the person and the basis of human worth

This forms the basis for the value of respect which was the singular value agreed on by all the participants as the most important ingredient in the therapeutic encounter. They all regarded people as worth helping. Although the basis for this belief was varied and divergent, there was a general agreement that concept of respect focussed on communicating acceptance and value to individuals.

“The key one is the sense of the person being of importance, the individual person being of importance whatever their setting, whatever contribution they have to make ...just as they are, that makes them of value” (1:13).

Those who espoused a Judeo Christian religious ethic based their stance on the belief that mankind was made in the image of God and, as such, was of value. An awareness that they as therapists were also made in the image of God resulted in a feeling of equality and a common humanity in the therapeutic encounter and enhanced feelings of empathy and compassion.

“I am still persuaded that there is a uniqueness about human beingsthe metaphor of people being made in the image of God” (2:27).

However strict and rigid the religious background, participants reported a strong emphasis on the value of the person and the social responsibility of each individual to show care and concern for others. This appeared to be an obligation which they never managed to entirely ignore.

“The things I value and which my parents valued ...like human dignity, the value of each person and wanting to help other people...these things I hold very dear” (9:7).

“Where I come from is a theological background which stresses very importantly that the individual is made in the image of God. I start from a very high view of the person whatever that person may have done or however that person may have been treated” (1:71).

Others did not espouse beliefs in a creating God, but nevertheless placed immense value on humankind which was attributed to their common humanity. As fellow human beings that they deserved respect and support.

One participant took an evolutionary stance. He rejected his earlier Christian beliefs and believed that people had to earn the respect of others, and that certain aspects of respect was conditional:

“ There is respect that should be granted until forfeited – respect for life, liberty and the pursuit of happiness. You have the right to your life unless it significantly interferes with mine. But I should respect aspects of your life that don’t interfere with me or anyone else” (3: 10).

However, despite the different ontologies which underpinned the notion of respect for others, the sample were united in the operational values which communicated this respect at the level of practice.

5.4.6 Giving time

A significant aspect of respect was the giving of time to clients. And the scarcity of this resource in many of the agencies in which the participants had worked was a significant cause of dissatisfaction and disjuncture. Time was regarded as a valuable commodity and making time for others was considered a mark of respect.

“People are worth giving time to. The value I hold uppermost in counselling is to say that the person who happens to be with me at that time is just as valuable as any other person who may have been there” (1:71).

This was an important aspect of care which differentiated therapeutic practice from other caring activities. Three of the participants cited the lack of time allocated to patients as the main reason for leaving their previous occupation. One was previously a GP who maintained that her ability to listen to others was curtailed by the time allocation of medical appointment system.

Another, a minister, defended himself against the criticism of his congregation by citing how Jesus was also criticised for spending time with those regarded as having little worth. Giving time was seen as showing that another was regarded as having worth and one of the sample described his unease with clients who protest that they are not deserving of the therapist’s undivided attention for an hour.

Several of the participants mentioned their discomfort when clients conveyed the feeling of being unworthy of the therapist’s time

5.4.7 Listening and Acceptance and non judgementalism

A high value was placed on listening with an accepting and non judgemental attitude. In order to communicate a genuine respect for others, therapists had to suspend their natural tendency to evaluate behaviour according to their own perspectives.

“It’s about having respect for the client, where the client is, what the client’s problems are, what they bring, together with a non judgemental attitude” (4:5).

Although the concept of non judgementalism was held as a very important ideal, those from a strict religious background struggled with more than those from a non religious background.

5.4.8 Limits to acceptance and non judgementalism

While all the participants subscribed to an ideal of non conditional acceptance, several were overtly sceptical about the possibility of ever accomplishing this.

Those who were brought up in strict religious homes reported that it was very hard for them to allow themselves freedom from the rules and restraints of religious dogma in order to establish congruence with the non judgemental requirements of the counselling profession. In their early life they were confronted with the evaluations of their family of origin and their religious community which operated under strict rules and beliefs. This tendency to evaluate, and to categorise people, events and situations as right or wrong, good or bad, was one which the participants from a strict religious background found very difficult to eliminate. Given that non judgementalism was one of the hallmarks of their profession, the participants had to wrestle with the tension between being harsh and critical with themselves while being open and accepting of others.

5.4.9Autonomy, Equality

Despite the differences in ontological theories for the value of respect, all the participants in the study agreed that the principle component of respect was autonomy. Since this was the value that the majority of the sample had fought hard to secure for themselves, they were determined to ensure that this principle formed the basis of their counselling relationships as well as their counselling practice. The commitment to ensuring the autonomous choices of clients was, however, adhered to with little reflection on the possible implications of such a stance.

Autonomy was the conviction that others had the right to determine how to live their lives, to make choices without undue pressure and to be free from undue influence or coercion. However difficult some of the sample found to maintain a non-judgemental

stance, they could revert to the principle of autonomy as a value which overrode any aspect of judgement inherent in the therapist.

At the point of delivery of therapy, there seems to be no difference in practice between the various ontological stances. This is demonstrated in the words of the therapist for whom respect was conditional:

“If someone comes in and describes a way of life, a set of beliefs for which I haven’t time...with which I completely disagree, I should nevertheless give him the space and the opportunity to demonstrate how that works for them” 3:120).

The value of autonomy was often brought into play to act as a buffer against a clash of values between therapist and client. When confronted with a situation in which a client’s values were at odds with their own, the therapist resorted to the value of client autonomy and resolved the clash by attributing responsibility for decisions to the client. In other words, the value of autonomy became predominate in the values hierarchy and other values such as responsibility were subsumed.

Table 11 Therapists’ perceptions

<u><i>How they saw themselves</i></u>	<u><i>How they saw therapy</i></u>	<u><i>How they saw others</i></u>
Caring	Making a difference	Worthy of respect
Responsible	Able to alleviate suffering	Worth giving time to
Learners	Worth doing	Equal/ expert
Autonomous		Agentic
Listeners		
Non judgemental		
Respectful		

5.4.10 Personal growth

As the participants experienced clinical practice, they became aware of the need for a wider understanding of human functioning and for many this meant elaborating their original theoretical orientation and integrating different values into their value constellations. All the therapists in the study expressed the need to increase their competence and self awareness and frequently enrolled on courses, attended conferences and read widely.

To aspire to an approximation of their role models, the participants perceived the need to acquire knowledge, qualities, skills and self awareness as a challenge to embrace rather than a threat to be avoided. This aim was one which the participants were enthusiastic about and because of the encouragement of the role models, they were sufficiently convinced that the rewards would outweigh the effort involved. Those who were already employed by the NHS had greater access to courses and conferences than those in other employment who were personally responsible to meet the cost of their training. Nevertheless, the need for self awareness, knowledge and skills and the acknowledgement of the necessity of ongoing learning in order to be a competent practitioner was a significant motivator for all the participants.

5.4.11 Role models as scaffolders

The concept of scaffolding provides an informative metaphor for illustrating the communication of values through supportive guidance within an ethos of equality and mutual respect.

Joas (2000) maintains that values are formed in the process of transformation and self enhancement. From the transmitted values of childhood, the participants embarked on a journey in which they prioritised different values at the various stages of life and on the paths through which they travelled. The ties that bound them to the transmitted values of the family story were displaced by the values of mentors and role models, and these values provided the scaffolding which allowed the

participants to embark on a career in therapy and form their own professional identity.

For McKenzie (1999), scaffolding is a recognised educational concept, and constitutes the processes by which teachers provide students with a temporary framework for learning. In this study, scaffolding is an appropriate description of the way in which the values of the role models provide motivation, self esteem, resourcefulness and vision. As the participants internalised many of the values of their role models and constructed their own repertoire of values and commitments, elements of the scaffolding are dismantled until it disappears altogether. Successful scaffolding contributed direction and purpose; it refined and elaborated existing concepts and encouraged a deeper, more astute awareness of what really mattered in their lives. It provided the participants a set of aspirational values which gave meaning and vision, a sense of what was worth committing themselves to and guided their choices.

This section considers the way in which values are formed into constellations in the pursuit of a desired goal and how the aspirational values absorbed from the role models are operationalised into professional practice.

5.5 Choices and conflicts

All the participants, to some degree, had to wrestle with conflicting theories, tensions and complexities as they practiced in clinical situations. Experiences of conflict were not initially recognised and not easily articulated suggesting that these therapists did not conceptualise their practice in value terms.

5.5.1 The question of influence

Despite the unequivocal endorsement of the promotion of client autonomy as a clear and desirable goal in therapeutic practice, most of the participants were ambivalent as to whether it was indeed possible to sustain a therapeutic relationship which was entirely free from influence. An explicit acknowledgement that all therapy promoted

change meant that influence was likely to be either implicitly or explicitly, part of the therapeutic process. Therapists were left with the dilemma of promoting change in order to help the client improve, while at the same time minimising influence so as not to inhibit client autonomy and choice.

Reactions to the issue of influence were both cautious and varied. Many of the sample found themselves confused over what was considered influence and what was regarded as an acceptable part of the therapeutic encounter. Most of the therapists interviewed expressed a concern with the possible misuse of power by using their position to manipulate clients.

One person-centred therapist maintained:

“Ideally I wouldn’t want to influence...it’s less honest. It can become manipulative. (1:19).

This stance was echoed by a cognitive behavioural therapist who admitted:

“I don’t like the idea of influencing people to change their values because it sounds manipulative. (3:52).

However, other cognitive and psychodynamic therapists were less absolute in their rejection of influence but all were cautious about its misuse. They appear to be more accepting of the inevitability of influence and more confident of being able to use it respectfully and creatively.

“I don’t think therapists can claim not to have influence. I think we have a huge influence; it is how we use it, and hopefully, don’t abuse it” (4:546).

From one therapist there was a tentative recognition that influence and manipulation were possible bedfellows:

“There’s a bit of manipulation about therapy. What else do you call it? You want to get people to do things differently” (5:223).

Cognitive therapists had less reserve about the use of influence and considered it to be an inevitable part of the therapy process.

“I don’t think it’s possible to reflect back to someone, or even to summarise what they say without being directive in the stresses you place on the material you are reflecting” (3:22).

5.5.2 Legitimate influence

Although, after reflection, several of the therapists in the sample concluded that influence was inevitable, none of the sample was confident that attempts to change the client’s self concept, feelings or ways of thinking involved influence.

Nor did they question these beliefs which they held strongly and which they believed were beneficial to the client’s ways of thinking and feeling. A person-centred therapist maintained:

“I believe in inherent worth – yours and mine, my client’s. I would like to influence that, and I hope good therapy does” (6:330).

There was a reluctance on the part of person - centred therapists to recognise the possibility of influencing, but an admission that there were some areas – especially the issue of self worth – which they would like to influence.

“If I could influence them, it would be to see the truth about themselves as distinct from the distorted perceptions they have about themselves” (1:15).

Despite expressing serious reservations with the possibility of influencing his clients, the same therapist had no problem in explaining how he communicated his own religious beliefs about the value of the person.

“Where I come from is a theological background which stresses very importantly the individual made in the image of God. It’s an expression I use quite openly and generally people don’t seem to be hung up about it. Generally I find that people are prepared to buy into that “(1:55).

The type of therapy on offer can have an effect on the use of influence in therapy. The need to accommodate the demands of the Employment Assistance Programmes (EAPs) with their limitations on the number of sessions allocated to the process has meant that therapists have had to become more flexible in their approach. It appears that the perceived time available has a significant effect on the therapists need to influence in order to make a difference within the time frame stipulated by EAPs. Within this context, one psychodynamic therapist states:

“I have to make a difference to this person in the few sessions I’ve got. I will do that and I am influencing like mad” (2:69).

The same therapist also stated his preference for a psychodynamic approach which did not restrict the number of sessions allocated to the client, and therefore the need to influence was not so great.

5.5.3 Illegitimate influence

While some aspects of influence such as advice giving were regarded as manipulative, the source of influence that was unanimously rejected as unacceptable by the sample was that which was based on the therapist’s need to demonstrate professional credibility by appearing clever, knowledgeable or superior. This seemed to be in the context of the therapists providing solutions or interpretations rather than encourage the client to develop insight and understanding in their own way and in

their own time. This was especially true of those therapists for whom growth was a high value.

5.5.4 Humility as an antidote to illegitimate influence

The value of humility was considered to mitigate against undue influence. The concept retained much of its original theological meaning as ‘able to be taught’. None of the therapists in this study claimed superior knowledge, insight or experience to their clients or colleagues and all were agreed on the client’s expertise on their own lives. While Skovolt & Jennings (2004) used the metaphor ‘wounded healers’ to describe their study participants, that of ‘fellow travellers’ best describes the participants in this study as they sought to walk with and understand the perspectives of their clients without feeling the need to correct or impose solutions.

This predominant feeling is summed up by one therapist:

“Our cleverness does not make people better” (7:46).

5.6 Values conflict

The experience of conflicting values was especially true of those whose background was strongly religious. In this context, the value of obedience was still high, and was part of the validated identity of their childhood and history. In devaluating obedience and conformity and giving value to independence and autonomy, participants risked criticism and rejection from families and communities. This was the experience of two ministers of religion on the study. Conflicts with their family and church escalated as there emerged a growing disparity between the aims of therapy and the aims of their particular church. In a similar way, most of the participants experienced a growing tension between the way they wanted to express their values of care and the demands of the organisation for productivity, efficiency, standards and results. They found that the profession they had initially committed themselves to did not provide the context in which they could express important core values.

So the discontent that characterised the participants' disorientating dilemmas was gradually replaced by a vision of what they valued doing and being, together with a hope of what they could become and the belief in their growing ability to accomplish this. Most of the sample chose therapy as a career as a result of the high value they attributed to caring for others. The values of autonomy and freedom which were either absent or in short supply in their childhood were prized in later life. So some values were held as a reaction to their scarcity in early life. Those in the sample who experienced significant shame and guilt in their families, eagerly embraced the therapeutic values of acceptance and positive regard. Being free from the agenda of others is a significant theme in all the transcripts. While wanting to be of use they also wanted to be themselves.

At some time in their lives, the participants came to the conclusion that their present occupation or way of behaving was not congruent with their developing identity. At this stage, they changed their role and sought another context which would encourage the expression of their newly adopted values. They looked for a context in which autonomy had high value and where it was possible to conceive of themselves as autonomous agents while at the same time showing concern for others.

The choice of therapy as a career, allowed them to reconcile an interest in self in terms of self awareness and self knowledge with a genuine care for others. Therapy legitimised both and saw them as equally contingent for professional practice. This meant that the sample could reconcile previously held notions of self forgetfulness, self sacrifice and unselfishness with commitment and concern for the welfare of others and a legitimate search for personal growth and freedom.

So the values which they held as they embarked on a therapeutic profession were partly derived from their cultural and family backgrounds and partly from their own experiences and journey. Values were tried and tested to ensure a goodness of fit with their desired professional identity.

5.6.1 Thorny issues

Despite the commitment to the demands of their professional ethics, the practitioners in this study struggled with some thorny issues – mainly what they considered as the tension between the ideal and the realistic.

5.6.2 Acceptance

While there was a large degree of respect for clients' beliefs and values, and a very high value placed on fairness, there were limits to the therapist's acceptance of client behaviours. A majority of the participants reported that they would not work with paedophiles or with clients who were violent to women or children. These therapists put a high value on the protection of the weak and considered that their personal integrity would be compromised by accepting such people as clients.

An important issue in acceptance was the degree to which the client voluntarily sought counselling or whether s/he came under duress from an organisation.

Situations where clients came through court referrals were cited as being difficult in regard to establishing an accepting and empathic relationship.

The participants described many incidents where personal and professional values significantly clashed. When this happened, the therapist's integrity was preserved by remaining true to his / her personal values and their professional integrity was preserved by deciding that their own value system would not permit them to work with such a client and maintain their personal integrity so terminating the counselling relationship was a way of managing both personal and professional integrity.

Speaking of a client who was abusing his step-daughters, a therapist explains:

“I was just totally abhorrent of that and just had complete and utter distaste for the man, but I didn't continue to work with him because I recognised I couldn't” (10:240/41).

Another participant commented that:

“I don’t think I can work effectively with a paedophile that was coming into counselling because the court required it and it would look good in court” (6:224).

Many of the therapists in the sample expressed their reservations with the concept of unconditional acceptance. Some dismissed it altogether as an impossible ideal, while others acknowledged its desirability but were less optimistic about its implementation.

5.6.3.Limits to respect

Respect took the form of acknowledging the client’s right to have his/ her own beliefs and attitudes, and the right to live according to these. As in the issue of acceptance, this was regarded as an ideal rather than an imperative.

Several of the participants expressed reservations and limits to the principle of respect within the therapeutic relationship and considered it to be contingent on other factors.

“You have the right to your life unless it significantly interferes with my life. I should respect the aspects of your life that do not interfere with me or anyone else” (3:124).

5.6.4 Limits to confidentiality

This was highly valued by all the participants and any breaches were considered a serious offence. However, one therapist described how he compromised his professional values by breaching confidentiality in providing the local police force with information as to the whereabouts of a paedophile who was referred to him by a GP. This man stated that he made a mistake in not killing his victim – an eight year old girl - and thus removing the threat of being identified. Believing that this person was very likely to offend again, the therapist and the GP decided to voluntarily provide information as to his whereabouts to the local police. In this instance, his

need to protect the weak and vulnerable was greater than his need to adhere to his professional values. In this way the therapist maintained his integrity in a situation where professional and personal values conflicted.

“The GP and I were jubilant and then we asked ourselves why we were celebrating police harassment, illegal searches – and a breach of confidentiality” (3:106).

5.7 Category 3 Becoming one’s self

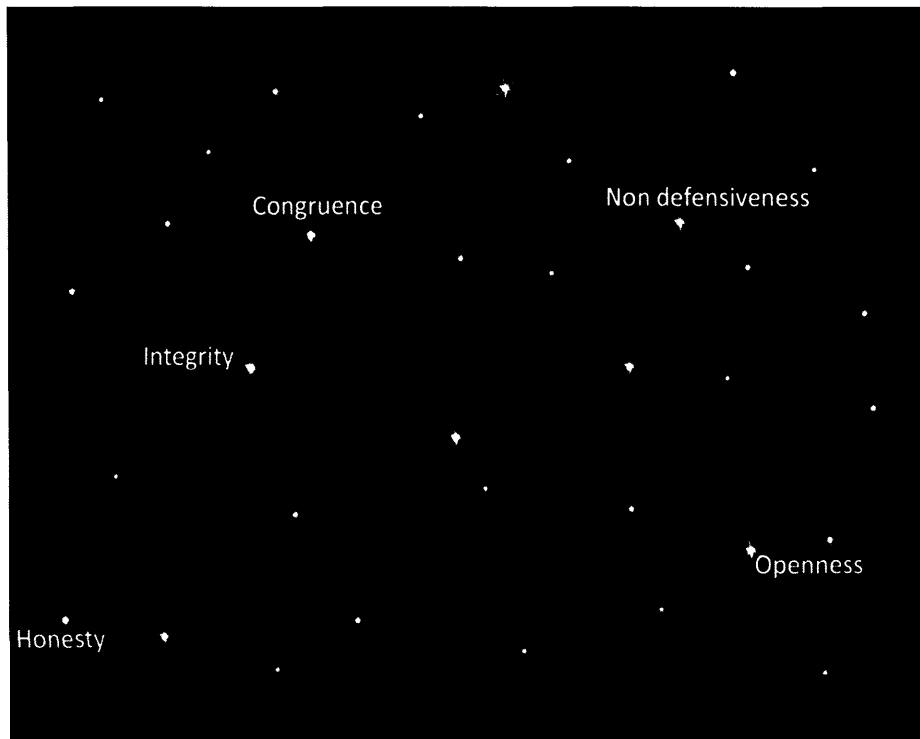
Being authentic played a fundamental role in both the personal and professional lives of the participants in this study. This was the value that they considered to be essential in defining themselves and in establishing the foundation of their professional practice. Core values such as acceptance, respect or compassion had little meaning if they were not embedded in the notion of authenticity.

The concept of authenticity was always held in tension, never claimed as quite fulfilled and never completely understood or articulated

“it’s like you’re called to be something that is always beyond you – but it’s worth stretching toward” (1:582).

This notion consisted of both an inner, private aspect and an outer, public aspect of self. For all of the participants, it implied a high level of congruence between their personal inner world of beliefs and feelings and the outer, public world of social interaction, and overt, observable behaviour. Being aware of an inner self and being true to that self in action and behaviour constituted one part of authenticity, but ultimately it was the validation of others which bestowed on them this sought after quality. The alignment between the values by which they defined themselves and their external attitudes and behaviour, had to be recognised and authenticated by external sources.

Fig 4 Constellation for authenticity



Authenticity was part of a constellation of values composed of genuineness, honesty, integrity and congruence, but also incorporating openness, self reflection and non defensiveness. Genuineness was seen as similar to authenticity so the two terms will be regarded as synonymous. The cycle begins with the need for honesty in evaluating oneself in order to create an identity that is considered good to be. Being true to this identity by acting in keeping with espoused values and beliefs was seen as congruence and when that congruence was validated by others, it was perceived as authenticity. None of the participants had any notion of earning their worth by performance nor were they on a quest to attain an ideal self. They defined themselves as ‘fellow travellers’ with their own strengths and weaknesses and their own problems to deal with. Being authentic was associated with being genuine and involved an acknowledgement of their common humanity and perfectionism was not a state they aspired to – but being honest, congruent and authentic were crucial to their view of a competent practitioner. Like the stars were to the ancient mariners, their values steered their course by them but never expected to reach them.

5.7.1 The inner self

The concept of authenticity was contingent on the participants' beliefs in an inner life. From their past story they now identify a sharp distinction between what they consider part of their outward life and what lies deep within. In the struggle to create a self which reflected what they considered good to be, they had to jettison or modify many of the transmitted values and social expectations of their early life. For most of the participants in the study, one aspect of authenticity was about looking inward and finding an inner truth – one which they felt comfortable with and which resonated with their aspirations and ideas.

“I was hunting for being truthful, being authentic – operating from some inner impulse and guidance rather than from conditioning, fear of others’ expectations and so on.” (8:11).

5.7.2 Feelings as touchstone

The validity of this truth within was assessed by the feelings they experienced – the degree of ‘comfortableness’ they felt and the extent to which it reflected the kind of person they aspired to be. To act in opposition to their feelings was a betrayal of the self and most of the participants developed a high level of awareness of their feelings and used these to be in touch with a true and inner self.

“And I knew just from what I was feeling inside myself that I had actually changed” (1:265).

Being authentic meant privileging an inner life over an outer life and a shift from objective to subjective truth. Truth was found by immersion in their deepest and innermost feelings which allowed them a moral authority based on reflections on their own experiences and related feelings which they considered to be indications of a true self.

5.7.3 Honesty and transparency

The concepts of honesty and transparency were very similar and differed only in the idea that honesty was a core value which made up their identity while transparency was a means of making that honesty and identity public. While a therapist might admit to a lack of transparency, this was not as serious a deficiency as the lack of honesty:

“I feel that I am not quite as open and transparent as I ought to be and that’s still powerful for me....but that’s an ok place to stay for the time being” (1:601- 2).

5.7.3 Honesty with self

Honesty was one of the values on which the notion of congruence depended, and, for the therapists in the study, honesty meant being honest with themselves as well as honest with their clients.

“ The therapeutic relationship places a demand on my willingness to be honest with myself” (2:107).

This self honesty was the vital ingredient by which equality was established.

“I cannot be a therapist unless I am exercising the same qualities that I seek to inculcate in others. Basically managing myself” (2:629- 630).

Being honest with themselves included an admission of their limitations to knowledge, understanding and competency. Although self disclosure was not always considered to be appropriate, the therapists in the study were adamant in their rejection of any demonstration of or claim to cleverness in their practice.

5.7.4 Honesty with clients

Honesty was associated with transparency, and was regarded as essential for a trusting relationship between therapist and client. Transparency was the public demonstration of honesty which was offered to the client - the stripping away of pretences, facades and defences and the presentation of the therapist as a fellow traveller on life's journey. This was regarded as an essential feature in establishing and maintaining a therapeutic relationship

“I stay fixed on transparency which might be about honesty. I don't think the relationship would be possible without my honesty and transparency (2:103).

Transparency was a behavioural component of honesty – in that it was seen as the therapist's responsibility to communicate their intentions and explain their way of working to their clients. This involved openness in interactions and an explicit invitation to the client to question and discuss any aspects of the therapy process. For one person centred therapist, transparency in her therapeutic practice was considered an important professional value and she sought to manifest this in her behaviour

“I would always tell the client what I was doing and why” (6:112).

A psychodynamic therapist whose childhood had been blighted by family secrets and a lack of openness, expresses his commitment

”not to be confusing to other people because that was very much part of my experience in growing up in my family. At times things would happen not that anyone would comment and they would actually deny they happened.” (11:64/5).

5.7.5 Tensions

Most of the therapists found the matter of honesty and transparency complex, ambiguous and difficult define.

While all the therapists considered that they should be honest with their clients but there were limits to the degree of transparency they considered beneficial to their clients. Difficulties arose when being honest clashed with being compassionate and when it threatened the client's self esteem.

“It's about respecting the pain in that individual and not making demands of them...therefore the monitoring of my transparency is going to be limited” (2:127).

Although all the therapists espoused the notion of transparency, they were cautious about the degree to which they considered such transparency to be beneficial to the client. This dilemma was solved by appealing to their professional ethical code and especially to the principle of beneficence.

“I don't dispute that you have to be honest with them but you don't have to tell them absolutely everything...I would always be truthful but I don't necessarily tell people the whole truth” (8: 112).

Expectations about honesty and transparency were also present in therapists' interactions with each other. One CBT practitioner expressed his reservation over what he experienced as a tendency among therapists to use the concept of transparency as a way of justifying behaviour which was unkind, inappropriate and self indulgent:

“I think there is something about honesty and transparency which makes them (therapists) feel that they can blurt all this stuff out – ‘I feel angry and you are going to know about it’ You don't always have a right to blurt everything out.” (10:2).

5.7.6 Congruence

Congruence occupied an area between the internal and external world of the therapist. It consisted of a constellation of values made up of honesty, genuineness and openness or transparency. Congruence depended on an awareness of the thoughts and feelings within and the ability and courage to make these internal feeling explicit in behaviour and interactions. To be congruent there had to be alignment between an internal self and outward attitudes, behaviour and actions. Although the definitive evaluation of congruent behaviour rested with the therapist, it was important for the participants that their congruence was recognised and validated by an external audience.

5.7.7 Demands of authenticity

The demands of authenticity were exacting. As well as ongoing knowledge and awareness of an inner life, the therapists in the study considered that authentic people had to be willing and able to align their principles by which they defined themselves with observable action, be predictable and consistent to a certain degree while at the same time being open to self exploration and change and growth. They saw themselves as required to demonstrate stability without stagnation and, at the same time, have an ability to adapt and adopt new perspectives without losing the integrity of their overall stance. This flexibility and openness to new perspective was very important to a CBT practitioner who maintained that he would most like to be defined by his

“lack of rigidity. I’d like to think I’m open to new ideas” (3:174).

Yet the therapists acknowledged that being authentic also demanded a high degree of consistency, self agency and free choice.

5.7.8 Society as enemy of authenticity

Most of the therapists made a sharp distinction between an outer and an inner self. They distinguished between their necessary ways of being in the world from what they considered to be deep within them. So there was a split between the ‘real me’ and the persona that had to be put on for public scrutiny and this was accepted as being an inevitable part of living in society.

For some of the participants in the study, society was the enemy of authenticity and some of the therapists in the sample adopted an anti cultural stance. Several of the study maintained that society’s concern with success encouraged people to adopt an external persona to satisfy cultural demands, which means they have to ‘truncate their emotions” (5:42)

“They (people) are measured for their success, for their performance, for their precise correctness” (1:111- 112).

It was extremely important for the therapists to find a niche in life where they felt that they could be themselves, and that meant being able to act according to the dictates of the inner self rather than conform to social expectations.. One therapist who initially embarked on psychodynamic training described her experience:

“I was deeply unhappy. I learned how not to be me. I needed a way of being a counsellor that reflected the sort of person I am”(5:218).

Some of the therapists in the study struggled to balance their commitment to being true to an inner self with the social and familial demands for outward conformity. There was tension between acting according to inner dictates and behaving in ways which were considered socially acceptable. There was also a tension between being honest and being kind.

“Never ask anyone a question if you know it is going to make them feel bad. Never talk to anyone about something they are bound not to know about, to show them up, to make yourself look good” (6:22).

The therapists acknowledged a certain amount of tension between being true to themselves and maintaining acceptable social relationships with others. The demands and expectations of family and social groups were frequently cited as situations in which being true to oneself was difficult because it often meant a compromise between the inner and outward responsibilities. In the struggle to form a self that they considered to be a true reflection of their inner world, the entire sample had to challenge the transmitted values and culture of their early years and liberate themselves from the siren call of tradition and conformity in order to be master of their own life. Their view was that they should not allow the demands of society to interfere with the search for a true inner self. Ties to others, social conventions and societal norms conflicted with their pursuit of autonomy and mastery of their own life – necessary ingredients in the pursuit of an authentic self. One therapist who was brought up as an orthodox Jew strived to meet the demands for exclusive family loyalty while remaining true to her person centred values of unconditional acceptance and respect for all.

“Loyalty to my family is still very important to me...what goes wrong is when we only have respect for Jews and other people don’t count” (6:26).

5.7.9 Coming off the pedestal

Being authentic involved a degree of humility. All the therapists reported feelings of discomfort when clients communicated a level of gratitude and regard which was higher than the therapists considered they merited. This was especially true of the cognitive therapists for whom equality was a high value. To be authentic, these therapists felt they had to reject the acclaim of their clients and demonstrate a common humanity. One therapist expressed her position :

“Being a fellow person (is important)....I try to come off the pedestal in some way that is not painful either for them or for me. Self disclosure is the best way for me of illustrating my weaknesses as well as my strengths” (4:47).

Gratitude for time spent with clients and elevation of the knowledge status of the therapist were the two most commonly cited components of high regard. One cognitive therapists describes his position on knowledge

“One of the things this job has taught me over the years is that the highest state of wisdom is probably to say ‘I don’t know’. And I encourage the people I supervise to trust their ‘not knowing’ (7:225).

This view of knowledge was shared by several of the therapists who rejected what they perceived as society’s tendency to elevate knowledge and accord the holders a superior status.

“You don’t have to be clever; you just have to realise you don’t know it all and that you have a lot to learn” (6:474).

5.7.10 Steps to authenticity

The findings of this part of the study suggest that authenticity is reached through several stages on the life journey. It was seen as composed of both an inner and an outer dimension and consisted of a relationship with an inner self and a relationship with the external world. This study identified four aspects of the journey to authenticity:

1. forming an identity and an inner self,
2. integrating past and present aspects of the life journey into a meaningful whole,
3. establishing a degree of congruence between inner and outer selves,
4. presenting that self for public evaluation and validation.

5.7.11Authenticity as identity

The search for authenticity could not begin until the participants had formed a sense of self and identified what they considered worth being and worth aspiring to. Authenticity was about being true to an inner self and therefore the formation of such a self had to be in progress before the concept of authenticity could be meaningful. The first step in the pursuit of authenticity was the beginnings of the formation of an identity based on what they consider good to be. There is a close relationship between values and identity in that a person usually aspires to be something s/he considers worthwhile. The participants in this study crafted a personal identity from the values relevant to the ethos of care to which they committed themselves and which had characterised their life journey. They had struggled against identities that they had not chosen, and now committed themselves to identifying and exploring what crucially mattered to them, what was worth pursuing and what gave meaning and purpose to their lives. Out of this search there evolved a sense of autonomy and responsibility which represented a significant part of how they saw themselves, and these remained crucial values throughout their personal and professional life. One person centred therapists describes this experience:

“It is like being on a quest, the hunt for truth and understanding that fitted with me” (8:36).

A search for identity is demonstrated in the stories they told about their life journey. In order to have a sense of their identity, the participants acknowledged where they had been, what they had become and where they were going. They determined what they had become by the stories they told and the landmarks which they experienced on the quest for meaningful commitments and worthwhile endeavours.

Central to their definition of themselves was their commitment to the welfare of others. In this sense the identities they constructed can be described as moral identities in that they were committed to forming a self and an identity grounded in their sense of what was worth being and worth doing. These therapists described themselves as continually reflecting on and wrestling with the complexities of life and seeking a deeper knowledge and understanding of what was good, worthy and desirable. There was always the sense of pursuing a direction towards what they

might yet be – a future story. Their evolving values gave shape and direction in the pursuit of their aims and influenced their choices.

Respect for all, freedom and autonomy became the highest good by which other ‘goods’ were evaluated. But rejection of previously valued standards and beliefs often remained in tension with these new values and therapists struggled with conflicting issues such as kindness and honesty and loyalty and self determination. Personal autonomy was the most highly sought goal.

**“Hunting for being truthful, being authentic, operating from inner guidance rather than from fear of others expectations and so on.”
(8:115).**

5.8 Integrity

Having defined themselves in terms of the values they held, the participants then faced the task of establishing and maintaining a coherent story which incorporated these values into their identity and gave meaning to who they are and what they do. The concept of integrity focussed on the need to establish coherence between their past and present stories and their future aspirations and so craft a self which integrated their past history, present experiences, and their future aspirations. The past was presented as a meaningful part of their life story and past experiences, traumas, mistakes and failures were considered to be resources for understanding and empathising with others. Talking of his past traumatic experiences one therapist says:

“I’ve thought of them as a bank or a library. there are a lot of resources there and at times I revisit them (11:387 - 388).

In this way the therapists in the sample made the best sense of their personal history and formed a coherent and constant form of self identity from their life stories.

In order to establish integrity with a desired identity, however, they had to be in touch with an inner self. Most of the participants assumed that there was, deep within, an inner sanctum which held vast resources of insight, intuition and hidden knowledge which could only be accessed by self reflection, self exploration and

meditation. This inner self was held together by the values they had adopted and these values were in turn held together by a shared ethic and a shared horizon of significance within the professional and social milieu in which they functioned.

The self reflection, self awareness and self knowledge which gave access to this inner life were considered essential to their identity and practice. This self reflection had resulted in the awareness of who they were, the values they held, and what they considered important and worthy of commitment. In this process they defined themselves as autonomous, open, and committed to their own learning and development.

“ I like to think I am committed to developing my knowledge and self awareness – and to becoming – to be more self aware, always growing, always developing so as to be able to offer the best”(6:116).

Achieving a steadiness of inner life progressed as they managed to integrate their past and present stories as well as their aspirations for the future, into meaningful and productive resources that provided the basis by which they related to and understood others. These progressive links between past, present and future stories allowed them to construct an identity which they valued, which gave them an amount of self worth, and which deepened their commitment to understanding and to the welfare of others.

A psychodynamic therapist whose childhood had been troubled due to the mental illness of his mother described the contribution of his past on his present practice:

“Self awareness did not come until much later – I developed a greater understanding and compassion for adults being in trouble as parents.”(11:43).

Self awareness was a crucial element in the search for integrity. Although most of the participants stated that they were not always aware of the values they held or how these affected their practice, they were adamant about the importance of self awareness.

“Self awareness is important because you have to be aware of your own strengths and weaknesses and how you manage yourself in certain situations I think therapists have to be self aware in all sorts of different ways and value systems are part of that” (5:218).

Self awareness was seen as a continuous process – and ideal worth striving for, never really arrived at, but an essential ingredient in good practice.

The participants in this study struggled to construct a moral identity which involved a self consistent commitment to both the welfare of others and to their own development. For them, morality was a voice within and their moral consciousness was characterised by a continual scrutiny of values greater than the self and a search for moral understanding as they continually sought to clarify and evaluate the motivation which prompted their actions and their choices.

5.8.1 Professional integrity

The therapists in the sample understood professional ethics as those values and normative practices which allowed the profession to fulfill its role in society. To have professional integrity, the therapists believed that they must subscribe to the ethical views and norms of the profession and establish an agreement with what the profession considered a worthwhile objective for practice. Their personal values had to be integrated with their professional values. The more similar their personal values were to the values of the profession, the more committed the practitioner was to the code of ethics relevant to his / her practice.

Very few personal values did not correlate with the values of the profession. One participant cited reciprocity as a high value in her relationship with friends and family but did not consider this an appropriate professional value, although she struggled to eliminate this expectation from her professional practice:

“one of my high values is reciprocity...being able to give back what I got. When I took that to supervision and unpacked it...that gave me an awareness of what that value was about” (4:29).

The adoption of professional ethics and principles established boundaries to their integrity. Adhering to professional values meant that they were not free to express their own personal convictions or beliefs. To maintain professional integrity they saw it necessary to ground their values in their roles rather than their personal preferences. The therapists in this study considered themselves vigilant in ensuring that their practice did not reflect any personal ideological position, either religious or secular.

Adhering to professional values meant that the practitioners could resolve many of the potential clashes of value between themselves and their clients. The value of client autonomy was crucial in therapeutic practice and all the participants repeatedly emphasised their commitment to respecting the client's choice of how to live his/her life, regardless of how this might contradict the therapists' personal beliefs and values. By adhering to the professional values of respect and autonomy they could give an almost unlimited tolerance to the views and values of others under the rubric of acceptance and client's right to autonomy.

5.8.2 Authenticity and genuineness as external validation

Authenticity was aligned with genuineness. Both had connotations of being 'the real thing' and were associated with an alignment with an inner and an outer self... The concept of genuineness was centred on being honest with oneself. This necessitated a high level of self awareness, self scrutiny and self evaluation. Knowing and accepting limitations as a challenge to embrace rather than a threat to be avoided allowed these therapists to present themselves without façade and without a need to defend an ideal image in order to impress others. They considered the need to be regarded as knowledgeable experts as a hindrance to their commitment to genuineness. The less they had to defend, the more they had to give.

Genuineness also related to integrity in the sense that it was the result of knowing who they were, what values they lived by and what beliefs underpinned their actions.

With that self knowledge, they could genuinely express an inner self that they had crafted from their life experiences, values and choices.

One of the difficulties which faced the therapists in their endeavours to be genuine was the struggle to keep their feet on the ground when their clients wanted to put them on a pedestal. Most of the participants in this study reported their difficulties when dealing with clients who saw them as experts, apologised for taking up time and were generally apologetic for their condition.

The successful integration of values and beliefs into a sense of identity constituted their integrity. The consistent demonstration of these values in outward behaviour and interactions by means of honesty and transparency was presented to the outer world for validation. The participants considered authenticity to be the expression of their integrity. They thought of themselves as authentic when there was an alignment between their inner convictions and their outward behaviour.

“Being able to walk the talk rather than it) being something you espouse rather than practice and that you embody it in some way”(7:234 -235).

However, whatever degree of integrity and congruence the therapists considered themselves to possess, in the final evaluation, it was the external world which validated or invalidated their degree of authenticity and genuineness

So, although their integrity was an inner construction , in order to be considered authentic, they had to have this identity validated by their external community. The journey to authenticity began by crafting an identity, integrating past and present life experiences and by being true to a self that has been forged as a result of self reflection and self evaluation. The final step in the journey was presenting this self in the public arena and having it validated by a chosen community. Although one of the important aspects of integrity was independence of thought and an internal locus of evaluation, to a large extent, the therapists had to rely on the judgements of their communities in being considered an authentic and genuine person. It was not sufficient for them to feel authentic, they needed the validation of others in order to

claim authenticity. Rather than an individual and inner attribute, authenticity was seen as a quality which had to be attributed by others.

“You have to believe in what you say, what you do. I like to think that on a good day I’m living those things and if someone was to describe me, these a occurring -re some of the things they would say marked me out”(3:174 - 176)

5.9 Struggling with invalidation

There were, however, those in the sample who did not find their new found identity and integrity validated by their communities. Their communities and families of origin wished to impose a prescribed identity – one which fitted the family or organisational story, but which the participants in the study felt was no longer what they wanted to be.

When the context in which they worked did not allow them to express their newly formed values, they looked for another context in which these values would be affirmed and validated. Time for people, freedom from prescribed agendas and being honest and open with others were the main factors in causing the therapists in the sample to reconsider their values in the light of their professional context. A former minister explained his position:

“The church thought that if I was helping people, I should be helping them to stay in the church....and what I was doing as a therapist was freeing people from that system which had become tyrannical” (2:462-464).

To remain authentic in the face of invalidation, these participants looked for other communities who would accept and validate the behavioural expression of their newly formed values and beliefs. The integration of their life stories and the clarification of what they considered worthwhile made the therapist feel authentic, but they were only fully authentic when they were validated by others as people who aligned their internal values with their outward behaviour, and remained constant

and, to a reasonable extent, predictable in the eyes of others. It was the validation by others that affirmed their integrity as well as their authenticity, and this had to be earned over time.

5.9 Summary of findings for Study 1

From the interpretation of the data, a systematic formulation of values was constructed. The analogy of constellations or patterns of values best illustrated the way in which values functioned in the lives of those therapists in this study. The use of the analogy of constellations allows for the contextual nature of values and suggests that there may be many different constellations of values which are given form according to the context and function which gives them meaning. At times a value from a different constellation can be drawn into another group - in other words, the lines joining the values which make up a constellation can always be drawn differently.

In this study therapists' values fell into three distinct constellations – *Relational, Self Definitional and Professional Development*.

Figure 5 The relational constellation

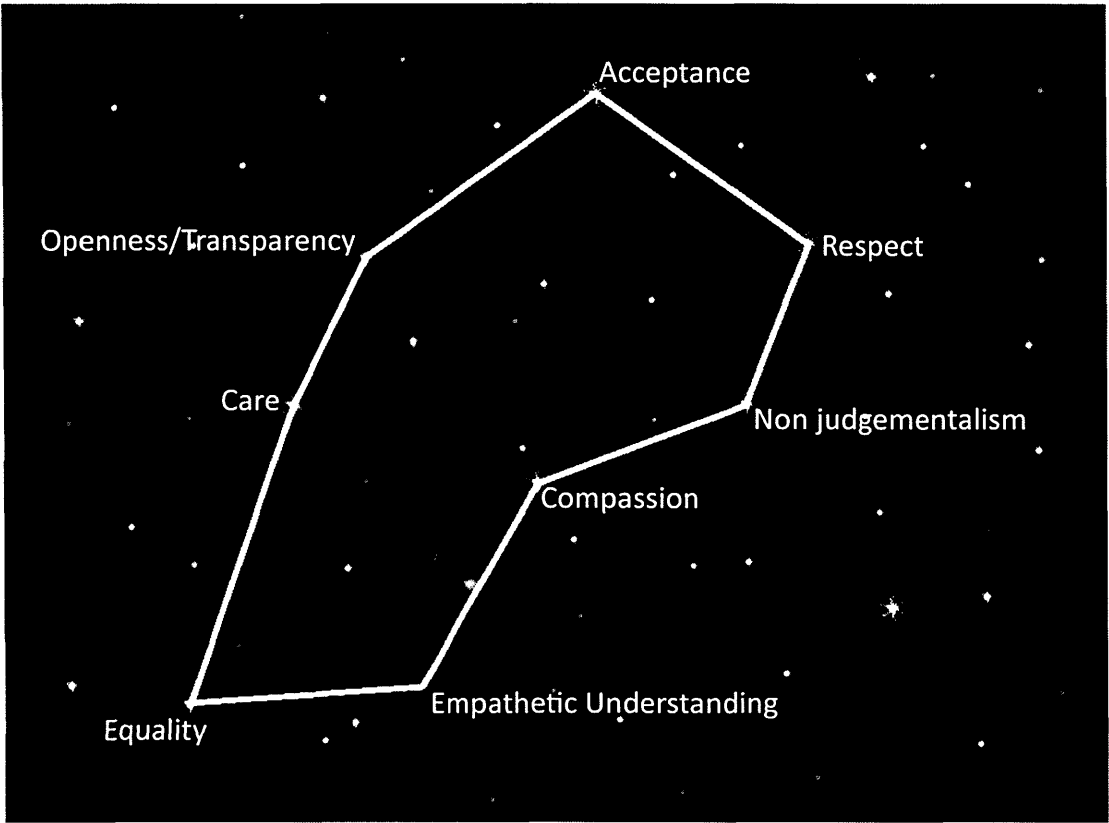


Fig 6 The self definition constellation

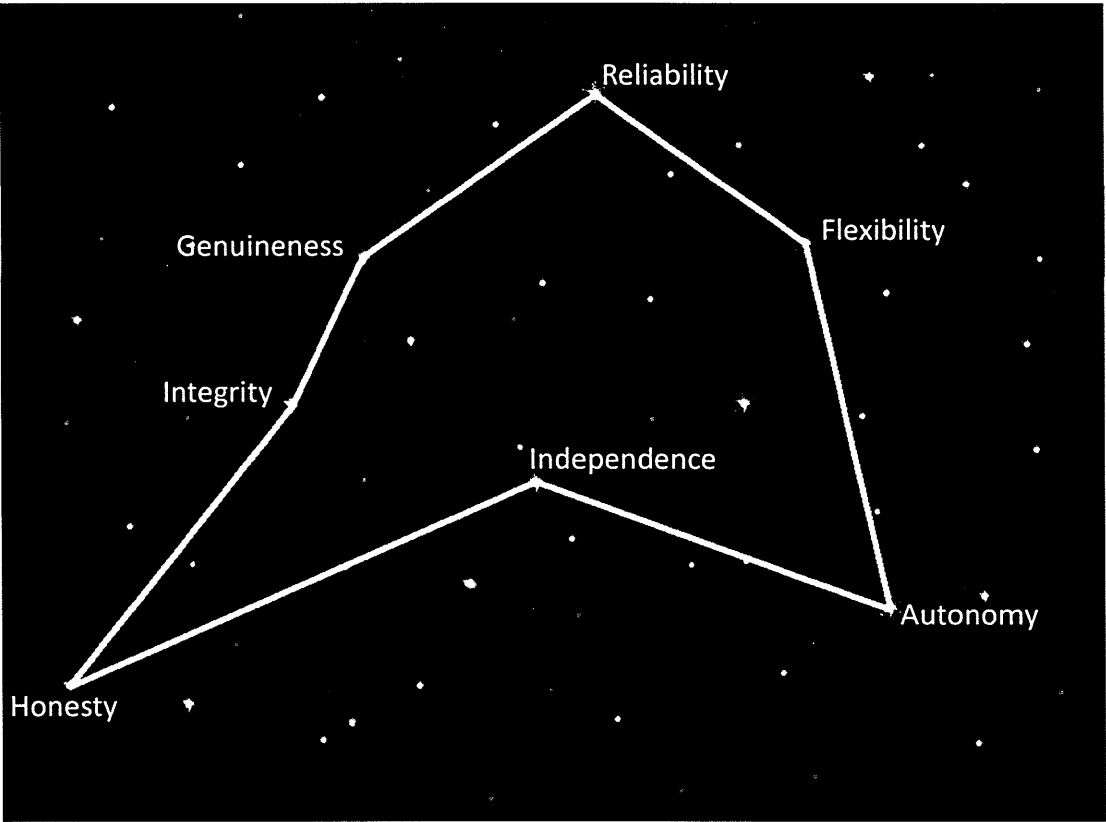
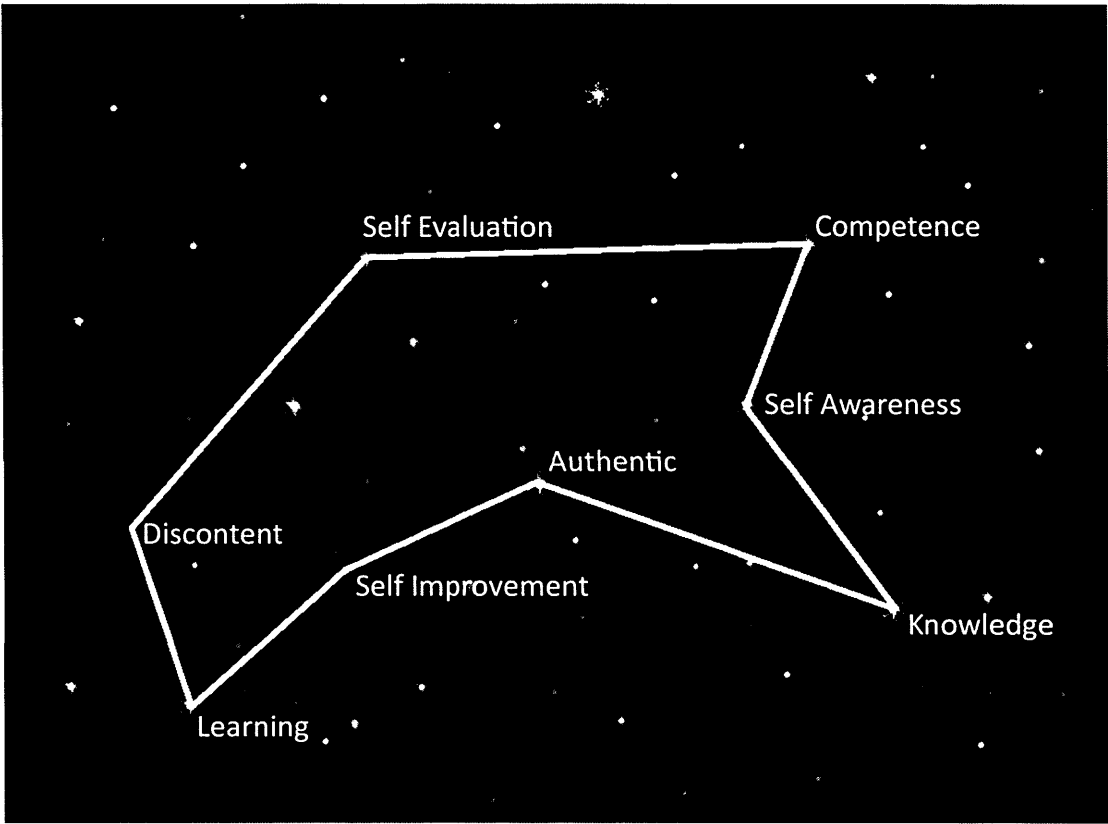


Fig 7 The professional growth constellation



6 Findings for Study 2

6.0 Introduction

It is generally recognised that therapy is a moral and value laden enterprise. Both client and therapist bring to the therapeutic encounter a variety of assumptions, convictions and ethical positions that profoundly affect the therapeutic relationship and the therapeutic process. Since values contribute significantly to how life is lived and how the self is formed, it follows that these would be important issues within the therapeutic encounter and provide a valuable source of information on how client and therapist construe themselves, others and the world.

6.1 Aims of section

This section of the study explores the values which are explicit and implicit in the text. Data is sourced from two transcripts – one is an interview with the therapist in which she explores her values and the other is a transcript of a therapeutic interview between that same therapist and a client. The transcript of the therapeutic session was analysed according to Gilligan's Listening Guide (2003) and compared with that of the therapist's personal interview in an effort to identify those values which are apparent in the therapeutic session. Personal Construct Theory (PCT) was the conceptual framework for promoting understanding of both the individual and the social implications inherent in the narrative.

A copy of the transcript is found in Appendix F and the reader may find the following analysis more understandable with a prior reading of the text.

To distinguish between the data from Study 2 – the transcript of the therapeutic interview, and the transcript from Study 1 – the therapist's personal interview, the latter will be marked in italics. The quotations from Study 2 are identified by the prefix '2' followed by the line numbers.

6.1.1 Overview

The client is a twenty five year old woman living with her partner in a major Scottish city. Her story problematises and contextualises the post modern value dilemma between establishing affective and intellectual autonomy while simultaneously maintaining a satisfactory intimate, adult relationships with others. Affective autonomy is understood in this study as the freedom to act on internal feelings, intuition and insights. Intellectual autonomy is the right to voice and act on one's own opinions, convictions and values, and have these recognised and respected by others.

This section of the study explores the values in the client's story, and how the therapist's own story and her personal and professional values influence her interactions with the client in the therapeutic encounter.

6.2 Effort and Commitment

The client introduces the session on a positive, somewhat redemptive voice. Her relationship with her partner which had reached crisis point had been repaired by renewing their commitment to each other and the promise of effort expenditure to consolidate that commitment.

The therapist's voice is supportive, attentive and encouraging. Relational values are highly regarded by the therapist, and she affirms those of the client, adding a dimension of duality and equality in the relationship between client and her partner. At this point there is a certain level of commonality as both therapist and client appear to agree on the importance of relationships. However, the therapist's intervention assumes a future dimension to the partnership, and the notion of longer term gain. She offers a level of understanding:

“Both recognising the investment you are both making” (2:10).

Such inclusive language, is rejected by the client who assumes an individual voice and maintains that she is speaking only from her own point of view, and from this

point on, the therapeutic dialogue concentrates mainly on the client and it is her voice which permeates the session.

On the surface, therapist and client share the value of relational commitment but this concept is somewhat taken for granted and the meaning and implications of commitment is not explored until it emerges later in the session.

6.3 Harmony and consensus

External harmony and consensus are important for the client and she uses a conciliatory and conforming voice when there is any possibility of divergence with the therapist. She attributes the difficulties in her relationship to the differences between her and her partner both in the fulfilling present needs and sharing future aspirations. Here, the client's voice is apt to be blaming and lacking in hope. She attributes her problems to circumstances perceived to be beyond her control

“We have a lot of differences and different ideas about the future in a lot of ways. For instance, he is quite ready to settle down and start a family and I don’t. I would like to do some more travelling and he doesn’t. These are the kind of issues we are having to deal with all the time” (2:16 -18).

The therapist's response is discordant. She does not share the value of homogeneity. She places a high personal and professional value on acceptance and is at ease with differences. Her own story illustrates her journey from the demand for harmony and convention in her family to an appreciation of diversity. She has risked the sense of belonging in her family which was conditional on consensus, in order to embrace difference and sees her present life and relationships as being very different and varied from those of her family.

“– the kind of friendships I have formed are much more unconventional than my parent’s” (8.230).

From this stance, she makes the presumption that the solution lies in an exploration of the differences described by the client with a view to promoting reconciliation and acceptance and her voice has the air of resolution. From her viewpoint and experience, differences are not problematic but can contribute greatly to relationships. The therapist at this point is communicating from her personal experience and neglects to explore the dimensions of the client's meaning. The client has a different perspective on differences and views them as stable and unchangeable facts and so resists an invitation to consider these as possible assets to the relationship. Her description of the differences with her partner did not imply a willingness to explore possible ways of reconciling those. Instead she highlights these differences as being potentially more powerful than the effort she is putting into the situation – thus providing a justification for the high value she places on effort as a means of control. This section of the transcript illustrates the difficulties of recognising and managing one's own meanings and values in order to more fully understand and accommodate those of the client.

6.4 Pragmatism

As a practical example of the effort which she is exerting, the client uses a self justifying voice and lists the practical strategies she has put in place – such as spending time together. She offers these proposed solutions in an apologetic voice as if ashamed of their 'regimental' overtones, but offering them as an example of effort and pragmatism

“We thought we'd give it a go and do something positive. If we both just sit about and not make an effort, we may as well call it a day....(it is) too scary just to hope that something turns up” (2:52 - 53).

This statement by the client indicates a significant difference in the values of client and therapist. As a person centred practitioner, the therapist has an optimistic belief in the benevolence of the universe and in the potential of human beings to pursue what is good, as indicated by feelings and insight. Such a world view allows her a sense of serendipity – the art of making happy discoveries by accident, and of

eventually reaching a desired outcome as a by product of trust and optimism. The therapist has surmounted difficulties in her life by acknowledging the discomfort of a situation but not necessarily taking any action to relieve it. In this way she has

“...in a rather lazy, unconscious way of just living uncomfortably with doubts has actually bounced me into another stage” (8:264 -265).

From this perspective, the therapist fails to acknowledge the client's association of serendipity with passivity, with lack of effort and with a high possibility of undesirable outcomes. She does not appreciate the client's fear of relinquishing control and from her own framework takes a tentative voice in suggesting a means to a solution:

“It's not realistic to hope something like that?....Can you sort of trust what life will throw up.....and it might throw up a solution?” (2:59; 2:70 - 271).

It is from her personal values position that her responses are framed and she fails to appreciate the values dilemma that the client has verbalised. There is an absence of an empathic voice and the client reacts somewhat anxiously to the lack of harmony and consensus by adopting an assuring and placatory voice in order to convince the therapist that she is indeed managing to be positive and optimistic as they had agreed previously.

“I suppose I've been trying to do what we talked about ...this feeling, the way I feel, and I've got to say that since I've started doing that I can feel mostly ok and feeling positive about things. And the feelings that I have at the moment are so kind of optimistic and positive” (2:75 - 78).

In an attempt to re establish the commonality that she had previously experienced with the therapist, the client's takes a positive voice which echoes with a mixture of reassurance for the therapist and of establishing herself as benefitting from previous sessions.

6.5 Growth

Despite the conflicting evidence, the therapist affirms the client's assurances that her feelings are optimistic and positive and focuses on her stated desire to trust these feelings and do what feels right – and so frames her response within a person centred orientation and uses a voice laden with perceived understanding, empathy and encouragement.

“You believe this and you want to grow, and (then) you look from your head.....and don't know how to do something...” (2:85 -86).

While the concept of growth is of high value to the therapist, there is little indication in the client's dialogue that she shares this value. There is little evidence of an achievement voice in the client's story. She has chosen to invest in a relationship rather than a career and her present employment has an extrinsic goal – to earn money in order to meet financial obligations. The client focuses on external life and is apt to restrict her story to present circumstances, with occasional wanderings into her past in order to explain or justify her present. However, she seems reluctant to imagine a future story – perhaps because her predictions are very negative and she is anxious to present herself as positive and optimistic, so she resists the therapist's introduction of the concept of growth with its future implications in favour of a return to a focus on present, external difficulties.

6.6 Inner and outer worlds

One of the significant differences in the philosophies of the client and that of the therapist is located in the contrasting ways they view inner and outer lives. In much of the dialogue, therapist and client are operating from different perspectives.

The client has an external orientation to life and her voice is mostly situated in the present.. She bases her behaviour on a belief that only her own effort as manifested in her behaviour and actions will ensure desired outcomes, so doubts about the

efficacy of her efforts presents serious problems for her. Her voice at times, echoes the certainty she longs for.

The therapist, however, places a very high value on the inner life – trusting feelings, intuition and insight. Her experience of therapy provided a new dimension to her life. From a struggle to conform to family values and norms, she embarked on an inner quest – the pursuit of truth and understanding

“....a sort of search for being truthful or being authentic..sort of operating from some inner impulse of guidance rather than conditioning, fear of others and so on”(1.193 194) .

She is not convinced about the need for effort and control and eschews the notion of convention. She does not acknowledge or empathise with the client's fear that her efforts will not guarantee a satisfactory and satisfying relationship with her partner, and does not address her client's fears and negativity. The voices of client and therapist do not always harmonise and it is the client who tries to establish harmony between the two.

6.7 Responsibility

Within this value the therapist's voice is gently directive. She endeavours to focus the client's attention on her responsibility for the way in which she construes her world. The therapist's theoretical orientation is person centred and this framework places a high value on personal responsibility. Throughout the interview the client's voice has frequently had overtones of blame, hopelessness and frustration. She has attributed events and subsequent decisions to external causes – 'blind chance' and 'unforeseen events' 'circumstances out with my control' 'I didn't feel I had an option'. The therapist does not challenge these attributions directly but towards the end of the interview she overtly promotes the idea of personal responsibility and directs the conversation to the client's 'self'. She calls attention to the idiosyncratic nature of the client's worldviews, evaluations and personal choices and, at this point, her voice assumes a gentle, coaxing tone, communicating concern and benevolence

which mitigates the undertones of challenge. She uses a persuasive and emotive voice to present these challenges gently and sympathetically using phrases such as ‘you cheated yourself’ ‘a slight disappointment in yourself’ ‘you lose either way’, ‘your longings’ which direct responsibility on the client to own such feelings and choices. The impression here is that the therapist has an agenda for her client and has some notion of a better way of being.

Such appeals to an emotive ethic by empathic challenges have an effect on the client and eventually encourage her to explore an inner dimension to her dilemmas which illuminates the losses she incurs in choosing such a self sacrificial mode of behaviour. However, although somewhat interested, the client’s voice betrays a reservation with embarking on an exploration of her inner life and venturing into new territory.

6.8 The client’s presentation of self

Essentially the client wants to present herself as a good self and her voices often indicate desire to convince the therapist – and herself – that the reasons she is experiencing difficulties is not a result of her own mismanagement of her affairs. Yet at the same time, there are soft questioning tones in her voice that linger over the possibility that she may be, at least in part, responsible for her present troubles. However, these are quickly silenced and a more explanatory and self justifying tone emerges.

An uncertain voice indicates the client’s dichotomy between the dictates of her head and her heart which is major dilemma for the client throughout her story. Her voice indicates a significant tension between trust and control. The high value that she places on effort motivates her to take action to avoid undesired consequences and she is perplexed when this is not successful. When she is speaking about the effort she invests, her voice is firm and confident but when she is faced with the realisation that her efforts have not succeeded, her voice is plaintive and complaining. She presents herself as someone who has been defeated by circumstances. When exploring new territory within herself her voice is reluctant and apprehensive. She appears afraid of

discovering something deficient or inadequate in her decisions. In her past she has made choices on what feels right at the time but has failed to realise that by making a particular choice, she has excluded other possible choices. She is unaware that many of her choices have, in fact, been based on an affective autonomy. Her reason for setting up home with her partner is given as:

“I thought it ‘s quite exciting; let’s move in together” (2: 157 - 158).

Her voice suggests some regret at this decision but she quickly corrects this and assures the therapist – and perhaps herself – that she loves her partner and doesn’t regret the relationship. There is a sense of puzzlement in her voice when she considers these two seemingly opposing positions. She does not recognise that it was the following of her feelings without cognitive evaluation that has resulted in her present crisis and she verbalises a longing to be able to rely solely on her feelings. There is a suggestion that following what ‘feels right’ will guarantee a satisfactory outcome but there is a somewhat plaintive, self justifying tone to her remark:

“I just want to trust the fact that it just feels like the right thing to do at the moment” (2:81 - 82).

The therapist’s voice is very affirming at this point. She trusts her own insight and intuition and has communicated her preference for a serendipitous approach to life, and, although the client would like to emulate this, the lack of effort involved in such an approach prevents her from fully committing herself to trusting what life will throw up. Her voice is fearful and apprehensive. Sitting back and doing nothing is considered pejoratively, given her high value on effort and pragmatism, and, although she also expresses a longing for affective autonomy and a more serendipitous approach to life, she acknowledges that such a position would be ‘too scary’ for her. Her acknowledgement of the need for organisation and control is presented in a righteous voice and the recognition that this does not always serve her well gives a perplexed and indignant tone to her voice.

6.9 Intrinsic and extrinsic values

This is another aspect of the therapeutic relationship where client and therapist differ significantly. The therapist's values are essentially intrinsic – growth, authenticity and quest. When she speaks about these issues, she is confident and presents them as unquestionable 'goods'. The client's most significant values, however, are extrinsic; she pursues a goal of external affirmation from family and peers by the instrumental values of conformity, self sacrifice and duty. The realisation that being always there for others may acquire external validation but does not always satisfy the need to be autonomous adds a complaining and accusing tone. Her story of her friend's ability to do what she wants while at the same time maintaining a relationship with her partner is incomprehensible to her. The client's voice resonates with a feeling of injustice and unfairness and also of perplexity as she can't understand why her 'goodness' and her sacrificial endeavours are not rewarded. On this subject, her voice betrays a tendency to be sorry for herself and a victim of injustice.

6.10 Autonomy

At a superficial level, both therapist and client share a high regard for the value of autonomy. However, there is a significant difference in the individual meaning they attribute to this concept and their voices reflect this. For the therapist, autonomy is spoken of in enthusiastic and motivated tones while for the client her tone is critical and resentful.

For the therapist, autonomy was seen in the behaviour of her father, her role model, and her voice there are echoes of both admiration and imitation

***“My father is a very original person, is independent and consults himself rather than convention”(8:262 – 264). ***

For the client, however, autonomy is equated with selfishness and the idea of being able to make choices based on her own wishes and aspirations threatens her notion of herself as a good and virtuous person and detrimental to her role as rescuer. When she speaks of autonomy, the client's voice is one of criticism, superiority and

resentment. While admiring and envying the autonomy of others, she is also very critical of their behaviour and describes it as selfish. She evaluates her friend's autonomous life style and her voice is critical, condemning and self righteous:

“I think she is actually being selfish most of the time ...it has been detrimental to me, for example. I have felt the after effects” (2:290 - 291).

The therapist reported a strong admiration for autonomy and considerable reservations with dependency which she classed as ‘unhealthy’ (8.254/5). She describes a situation where a client was strongly influenced by her mother and very dependent on her affirmation and approval and confesses:

“I was just beginning to hate the mother – the influence she had was unhealthy. I was very judgemental.” (8.225 -226).

6.11 Care of others

The client acknowledges that her desire for autonomy is compromised by her need to be validated by others and initially her voice here indicates that this is a new way of thinking but she quickly proceeds in a justifying voice and presents herself as virtuous and her dilemma as a result of her commitment to preventing any harm or hurt to others.

“There is a fear in me of hurting somebody else. I don’t want to hurt somebody else” (2:313 - 314).

She verbalises the dilemma of reconciling the dichotomy of asserting herself and pursuing her own goals while simultaneously maintaining relationships with others. So she sacrifices autonomy in order to avoid causing hurt or offence and in this way preserves a virtuous sense of herself as a good person.

However, her voice indicates that her commitment to the needs of others and her adamant rejection of the possibility of being considered selfish is now questioned. Further exploration of her reluctance to establish autonomy and to adopt her friend's 'like it or lump it' attitude leads her to conclude that she is not willing to upset people because they might criticise her. The voice here is fearful.

“..other people might have talked about me...and said ‘what a bitch; how selfish of her.’ (2:326 - 327).

6.12 Care of self

The therapist's theoretical orientation stresses the importance of valuing the self, and much of her voice reflects the necessity for this and a certain concern and puzzlement about her client's need to look externally for validation. Her own experience has encouraged her to embark on an inward journey and she is intrinsically committed to the values of self awareness and self knowledge and her voice has a pervasive ring when she discusses these with her client.

The client, on the other hand, maintains an extrinsic motivation throughout the session. Extrinsic motivation is the pursuit of ends for the rewards of praise, self esteem, financial gain etc – and is associated with social comparisons and conditional self esteem. The client can maintain a positive attitude and a confident voice as long as she maintains a helping, self sacrificial role and secures the admiration of her friends. She frequently compares the virtuosity of her stance with the selfishness and lack of consideration of others, as if to remind herself that her stance is morally superior to that of her more autonomous friends.

However, her feelings of having lost opportunities, of being trapped in a relationship, and of having few alternatives, cause her to evaluate the cost of her virtuous stance but her voice here is tentative and lacking conviction.

The therapist capitalises on the client's doubts and her intervention introduces the concept of the client as rescuer and the negation of self that this entails. She employs a sympathetic and benevolent voice:

“You put yourself on the back burner and out comes the rescuer and the good person who does good and thinks of other people. It sounds (like) a terribly deep feeling for you. And also the deep accusations – that’s not allowed. You might be selfish and only thinking of yourself?” (2:362 366).

The client’s attention turns inward and she explores her motivation for such self sacrificial and self depreciating behaviour and comes up with the insight:

“I want people to like me, so doing what I want is to worry what other people think...that’s where my self esteem is....I want to be that rescuer because I want somebody else to think how great G is” (2:405 -410).

There is an element of sadness and inevitability in this voice. While it is a new aspect of the self for the client, it is not one she particularly admires or considers changeable..

6.13 Self responsibility

The therapist highlights the losses the client has experienced by taking responsibility for other people and failing to take responsibility for recognising and pursuing her own needs and dreams. She does this in an empathic and sympathetic way, firmly locating the problem in the client’s need to be seen as virtuous while simultaneously highlighting the losses that this has entailed.

“You have messed up your own dreams. You had to follow the good girl” (2:423).

The therapist’s deeply held value of personal responsibility results in an internal attribution style of explanation. For her, outcomes and consequences are regarded as a result of choices and attitudes rather than luck of fate. Her theoretical model promotes self responsibility as an essential ingredient in the path to maturity and self

actualisation and her commitment to this is heard in the approval the therapist conveys at the client's self revelation..

The client, however, attributes outcomes to external causes such as 'blind chance' and 'unforeseen circumstances'. She does not see her present relational dilemma as a result of her own choices.

6.14 Choices

When reviewing the choices she has made, the client's voice is puzzled, confused and resentful. When she had followed her feelings as the therapists advocated, she did not live as happily ever after as she expected to. Blame is a frequent note in the client's voice and in this interaction there was a sense of life not keeping its promises.

“ At the time it felt like an exciting thing to do’ (2:157 – 158)

She had followed her feelings and made her choice, but was unaware of the alternative choices that she had forfeited as a result. The high value she placed on being accepted, provided for and protected were transferred from her original family to her partner. In return for the security afforded by her partner, the client felt obliged to suspend her own aspirations and there is an element of both virtue and inevitability in her voice.

“I felt I should go along with that because that was what was expected of a relationship...and I didn't feel I had an option there”(2:222 - 223).

There are very little achievement values in the client's story. Her need to earn money – an external goal - was the prime motivating force in her choice of employment and resulted in her being in a job she finds unsatisfying and having to study part time on a course she is not wholly committed to. Although the client's voice is one of being a victim of circumstances, her choices allowed her to avoid the anxiety which accompanies the societal norm of leaving home and finding a niche in the world of

work. Her voice never contains an appreciative tone and she does not reflect on the benefits her choices have had for her.

The therapist frequently reflects the idiosyncratic nature of the client's value system in an attempt to draw attention to her own responsibility for her choices. She uses a language of responsibility and her voice communicates concern for the client and a sympathetic approach which focuses very much on the client and her attitude to herself - 'you bought into this' 'you cheated yourself' 'you see her as doing right' 'in your book this is not nice' 'a slight disappointment in yourself that you didn't have your own idea what to do'. The voice in these interactions is one which gently but firmly presents a challenge to the client to consider her own part in her life circumstances. The therapist's gentle, sympathetic and encouraging way eventually results in the client looking within herself for the answers to her dilemma.

6.15 Transmitted values

The client has reflected on the reasons for her lack of autonomy and now has the dilemma of making meaning of the conflict between her need to be virtuous by conforming to the needs of others, and her desire to establish affective and intellectual autonomy.

She locates the cause of this dilemma in the transmitted values from her family of origin and her voice has both a blaming and a virtuous tone.

She identifies the disadvantages in these values by comparing herself with her friends whom she sees as more equipped to pursue and accomplish their goals by being encouraged to:

“go out and get what you want, whereas we were always taught to consider other people” (2:389 - 391).

This inward turn provides the client with sufficient insight to locate her fear of autonomy in her need for affirmation. However, she again resorts to external attributions, and places responsibility for her allegiance to obligation and duty on her

parents and the values they transmitted in childhood and her voice holds an element of pride:

“It must be definitely part of the way that I am brought up.....we’ve been taught not to let others down” (2:379).

Her family of origin stressed the values of duty, obligation to others, reliability and unselfishness, and adhering to those values gives her a sense of virtue which she is not willing to forfeit by establishing an autonomous outlook. The consequences of autonomous behaviour are perceived by the client to be too contradictory to her commitment to the welfare of others. Being autonomous, for the client, is synonymous with being selfish and therefore risking the criticism of others. Her tone becomes reflective but accepting:

“I want other people to like me so the doing what I want is to worry about what other people think.” (2:405 - 406)

The client expresses an interest in exploring and identifying the source of such values, and her voice sounds relieved that the spotlight has turned from her to her family

“I enjoy looking into childhood and where these things come from” (2:372 - 373).

The therapist, in keeping with her person centred orientation, does not encourage a journey into the past but re routes her back into the present by encouraging a comparisons with others which illustrates the disadvantages of transmitted values such as duty and self sacrifice in her pursuit of freedom and autonomy.

6.16 The expression of emotion

The therapist's professional values include the identification and expression of emotion as a necessary component of self awareness and self knowledge and the liberating of a true self.

She uses the client's expression of emotion to direct attention to the negative and restricting aspects of the client's commitment to the transmitted values of duty and obligation. So she reinforces the resentment, the disappointment, and the feelings of loss that the client has experienced as a result of adhering to such transmitted values in a voice that reflects sympathetic understanding but the overtones imply an invitation for the client to evaluate the cost she is paying for her dutiful inclinations and the price she has to pay for them.

6.17 Moral issues

The client's story depicts a conflict between a morality of commitment and a morality of independence. When she voices these dilemmas, her voice is perplexed and somewhat resentful. While the therapist lives by intentionally chosen and deeply held moral values, the client adheres to the transmitted values of her family which she has internalised without a great deal of evaluation. She has come to a stage in life, where these transmitted values are conflicting with her desire to establish affective and intellectual autonomy but she equates the values of duty and obligation with virtue and autonomy with selfishness. So her voice when discussing this dilemma suggests that while she presents herself with the desire to be autonomous, she resents the fact that there may be a price to pay.

The therapist does strive to persuade her to review her notion of selfishness and there is a significant conviction in the therapist's voice as she reframes the selfish friend as an autonomous and genuine person. For the therapist, finding and being oneself is valued – and characterises her quest for authenticity. She considers her own personal growth and development to be a moral obligation and is committed to a journey of self awareness and self discovery. The therapist's voice in this intervention is one of conviction mingled with a gentle reasonableness which highlights the benefits of being autonomous and suggests an underlying admiration for the autonomous friend

but there are also persuasive overtones which invite the client to consider a different perspective

“She sets out to pursue her own needs and dreams, she is connected with what she wants and sometimes that upsets other people and you can, in some way, look at that behaviour and call it selfish as in she is not paying attention to other people, and that’s bad in your book, that’s not nice.” (2: 297 -300).

In this intervention, the therapist presents an alternative view of the client’s friend as the ideal self actualised, self responsible and fearless individual who has the courage to identify and pursue her innermost wishes without need for external validation. She minimises the client’s description of autonomy as selfish and firmly places such a construction within the client’s personal beliefs and world view.

The therapist makes very clear that she does not share the equating of autonomy with selfishness and offers her own opinion and evaluation as an alternative way of seeing the situation. Her voice here remains gently challenging but conveys conviction and invites a response.

However, the therapist’s attempt at gentle persuasion and challenge by presenting the benefits of autonomy against the disadvantages of needing external validation have little effect on the client. The therapist’s voice then takes on a playful, invitational tone,

“I catch in your face a little mischief. Could I just do what I want? Might I?” (2:396 - 397).

At this point, the client’s voice takes on an adamant tone and she asserts with certainty and a hint of incredulity:

“Just not care about what others think? That would be huge. I Just couldn’t” (2:399).

The client's voice now takes on a tone of futility and victimhood. She considers the differences with her partner and the difficulties in her life as being too long standing and impossible to remedy. Her voice is hopeless and resigned but also partly relieved that the effort in establishing her autonomy is no longer an option for her.

The therapist's tone conveys weary acceptance of the client's decision and indicates the end of the session but with a commitment to arranging another appointment.

6.18 Conclusion

Many of the issues highlighted in this analysis are further discussed in Chapter 7. The importance of understanding the meanings which values have for others is addressed in section 7.6.5, while section 7.11.1 discusses strategies for understanding others in value terms.

The significance of cultural rituals and the acknowledgement that all stories take place within a cultural background is discussed in section 7.6.3 and 7.8. Another section (7.7.1) addresses the issue of therapist influence and examines the role of theoretical orientation and its implications in therapeutic practice.

DISCUSSION

6.19 Introduction

The aim of this study was to explore and identify the values held by psychotherapists, their origins and the functions these served in life and practice. Previous chapters have described the findings of the study in detail. The aim of this final chapter is to evaluate the overall contribution to knowledge made by the thesis, and to place its findings in context. The chapter begins by revisiting the original three research questions that initially provided the framework for the thesis. An overview of the main findings is followed by a discussion of two key points of connection – culture and morality - between this study and the broader theoretical and research literature. An account of the methodological strengths and weaknesses of the study is then presented. The chapter continues with a discussion of the implications of the findings for therapeutic practice, some suggestions for further research are outlined and the chapter concludes by offering a reflexive piece describing the writer's experience in conducting the study.

6.20 Revisiting the research questions

This section summarises the main findings which have been generated in respect of the research questions that were introduced at the end of Chapter 3:

- 1) What values inform the practice of psychotherapy?
- 2) What are the origins of therapists' values, and how do they develop?
- 3) What role do values play within the process of psychotherapy?

The main findings of the thesis in relation to these questions are summarised in the following sections.

6.20.1 Values that inform the practice of psychotherapy

In the interviews, therapists identified both positive values, which they viewed as guiding and informing their work, and also negative values that represented value positions that they regarded as inconsistent with the role of therapists. The main findings in relation to these areas are summarised in the following sections.

6.20.1.1 Positive values

The results of this study suggest that therapist values do not exist as discrete, fixed entities. Instead, to make sense of therapist discourse around values, it proved necessary to think in terms of flexible, dynamic constellations of values. A constellation of values was defined in Chapter 5.8 as a pattern of relatively fixed values by which individuals oriented themselves to what they considered worthwhile. Rather like the explorers of ancient times who plotted their course by the stars but never expected to reach them, the participants in this study understood values as guiding principles, which although often out of reach, served as inspiration and direction for their lives. These constellations are also motivated behaviour (3.12.2) and was the means by which the participants created an identity (3.12.1).

The interviews analysed in Study 1 (Chapter 5) suggested that practitioners formed constellations of values from those available in the existing culture and, from which specific values were chosen to guide behaviour and practice in specific situations. It appeared that for the therapists who participated in this study, three constellations of values could be identified which were relevant to their professional stance: relational, self-definitional, and commitment to professional development. (5.8 see figures 5, 6 and 7)

Relational values. For most participants, the concept of ‘respect’ appeared to represent the core construct within a values constellation that informed the way they thought about their relationships with their clients. They valued relationships with their clients that were based on respect, acceptance, a non judgemental attitude, empathic understanding, equality, compassion, openness and transparency. These qualities were considered essential in order to form a therapeutic alliance and provide a safe context to explore client issues. The therapeutic relationship was of supreme importance to all the participants, and recognised as the foundation on which change

and healing were based. Being challenged by clients was seen as evidence of equality and openness in the relationship and several therapists describe their satisfaction when a client disagrees with or contradicts them. The therapists tried to model a non defensive approach which encouraged openness and honesty and which was based on an acceptance of their common human frailties. One therapist described himself as a 'fellow traveller' with his client and subject to the same defences and conflicts. A further aspect of this constellation was reflected in the category of an ethic of care (3.2; 3.2.1; 5.3.5.1). With one exception, all of the participants acknowledged that their interest in the helping professions, and eventually in psychotherapy, evolved from the high value which their family of origin attributed to care and responsibility for others. This finding is consistent with that of Shovholt & Jennings (2004) whose participants acknowledged that many 'homespun' values that had originated in their families or origin remained significant and influenced their professional identity. Most of these values concerned relationships to others whether or not in a professional role, and the relational constellation of values reflected what the therapists considered 'good to do'

Self-definitional values. This value constellation reflected the personal qualities that therapists considered most important in relation to their identity as professional therapists. This constellation of values illustrates what the participants considered 'good to be'. In order to establish a therapeutic relationship, each therapist believed that s/he had to be a certain kind of person. This constellation of values concerned personal qualities and characteristics which the therapists perceived as fundamental to a genuine caring relationship. These were the virtues which made the communication of the core conditions both valid and viable. Integrity, genuineness, honesty, reliability, and flexibility were all considered important internal attributes of a competent practitioner. Although they were also recognised as impossible goals to fulfil, they were considered worth striving for and the recognition of lack was a source of discontent and commitment to self improvement -

"I feel that I am not quite as open and transparent as I ought to be, and that's still powerful for me" (1.601)

They also valued personal autonomy, independence, self management and self reliance and sought to model these qualities for their clients.

“I cannot be a therapist unless I am exercising the same qualities that I seek to inculcate in others. Basically, managing myself” (2:629 - 630) .

The findings of this study suggested that the self-definitional values that therapists held at the time of interviewing strongly reflected the cultural values of individualism and autonomy (5.2.3;5.2.4; 5.2.5). Promoting client autonomy was a goal of all therapeutic endeavours – “therapy is about setting people free” (3.66). The struggle for personal autonomy was also evident in the therapist stories of their own lives. (5.7)

Professional development constellation. A third values constellation captured the psychotherapists’ commitment to self development. In order to consider themselves as competent and trustworthy practitioners, the participants in the study placed a high value on knowledge, integrity, self awareness and commitment to their own growth. They were characterised by a high level of discontent in their own knowledge base, including self knowledge, and all were committed to elaborating their range of theoretical knowledge and practical skills as well as continual self scrutiny and evaluation. Lifelong learning was embraced by all participants and considered essential to good practice and, for the majority of the participants, this meant being prepared to consider other ‘truths’ and alternative theories. For all the participants, learning was a significant value and all were committed to what it meant to them to be competent practitioners. For some this was increasing knowledge and skills, for others the priority was self awareness and self knowledge, but for all, the process of learning was a lifelong commitment and one which was both challenging and enjoyable.

“I like to think I am committed to developing my knowledge and self awareness – and to becoming – to be more self aware, always growing, always developing so as to be able to offer the best” (6:116).

Personal dilemmas and traumas which were experienced by most of the participants were regarded in retrospect as resources which contributed to increased understanding, empathy and compassion. One therapist describes the meaning he makes of his past struggles:

“I think of them as a bank or a library....there are a lot of resources there and at times I revisit them” (11:137 - 138).

The therapists in this study recognised the need for self vigilance and continual self improvement if they were to communicate certain characteristics and virtues which would contribute to an optimal working relationship with their clients.

Finally, underpinning these three value constellations was the concept of *authenticity*. Establishing a high level of integrity, congruence and authenticity were prime challenges to these practitioners and followed a defined process as explained in Sections 5.5.6; 5.5.8; 5.7. Authenticity was the value that required external validation and affirmed the genuineness of their commitment to being a certain kind of person and a certain kind of therapist and was the ideal that all strived for. Not to be authentic annulled all their endeavours and feeling authentic was not regarded as sufficient evidence of authenticity. Being authentic was something that had to be validated by external sources as well as internal feelings.

6.20.1.2 Negative values: what the therapists were not

Within the previous section, certain constellations of values which described these therapists and their commitments were outlined. However, the study also identified certain value positions that were shunned by the participants. Materialism and ambition were not part of their aspirations, and several of the participants had chosen a career in therapy instead of a more lucrative and socially validated role in other professions. One therapist observed :

“There’s no way counselling can be described as earning anything” (1:71 - 72).

Although committed to their professional code of ethics, they perceived that they had a freedom to work in their own way without undue interference and accountability.

“...that allows me to work in the way I feel most comfortable without the possibility of conflict” (7:94 - 95).

Authoritarianism and certainty were also characteristics which were viewed with distrust by the therapists in the study. Claiming expert status and promoting dogmatic ‘truths’ was an anathema to all of them and they all preferred a more equal and co constructive approach to the process and the relationship. A “client as expert” stance was taken by the person centred therapists but the other therapists believed in a more collaborative approach which acknowledged that the contributions of both therapist and client could be more productive in finding solutions.

Another characteristic which these therapists showed little of was the need for certainty. Keeping an open mind, doubting their own ability to understand clients’ problems and prescribe solutions mitigated against the need for certainty and meant that tentativeness and a ‘not knowing’ approach was the way in which these therapists addressed their clients’ stories. These therapists were not uncomfortable with uncertainty which they considered necessary if new, more creative were to be constructed. A Cognitive therapist expressed a wish to be defined by his

“lack of rigidity. I’d like to think I am open to new ideas” (3:174).

The study participants were not adherents of a single truth therefore their approach to knowledge was ambivalent. They were all learners and committed to furthering their knowledge and skills but they were sceptical of truth claims and did not feel the need to present themselves as knowledgeable or as having answers to all problems. A practitioner nearing retirement describes his experiences:

“One of the things this job has taught me over the years is that the highest state of wisdom is probably to say ‘I don’t know’. And I encourage the people I supervise to trust their ‘not knowing’” (7.225).

Although characterised by uncertainty in the existence of any single stable truth or solution, they were thoroughly convinced of the efficacy of psychotherapeutic interventions and in the power of the therapeutic relationship to enable clients to resolve their own issues. The lack of certainty allowed the range of possibilities to be elaborated and new alternatives for action to be created.

6.20.1.3 Values that inform the practice of psychotherapy: summary

The findings of this study suggest that it is necessary to understand therapists’ values in terms of three broad constellations of values (relational, self-definitional and professional development-oriented), rather than in terms of discrete values. All three constellations appeared to be equally important for participants in relation to their professional roles. Underpinning these constellations was a central commitment to the value of authenticity.

6.20.2 The origins and development of therapists’ values

Three main themes emerged from analysis of therapists’ accounts of the origins and developments of their personal and professional values:

- the influence of Judeo-Christian ethics,
- the experience of disjuncture, and
- the importance of role models.

The key findings in relation to these themes are summarised in the following sections.

6.20.2.1 The influence of Judeo-Christian ethics

All the participants in this study cited a Judeo Christian ethic as the source of their early values. These were transmitted in their families of origin and reflected in the values of care, compassion and responsibility for others that became the motivating force in the choice of careers in the caring professions. Although transmitted values were later subject to re evaluation, modification and rejection, and the dogmatic and prescriptive factors in institutionalised religion were rejected, the values of care and responsibility for others remained central to a sense of personal and professional identity and were core guiding principles in their lives. Religion remained for many a source of guidance, inspiration and comfort. A psychodynamic therapist explains how his religious beliefs contribute to his professional practice:

“..it allows me to maintain optimism but it also allows me to meet them with compassion, to recognise their defences or suffering or the reasons people’s lives are confined or restricted” (2:117).

As they matured, the participants were influenced by the cultural values of autonomy and independence and this was evidenced in the social ritual of leaving home and finding a niche in the professional world. (5.2.4) For most, this occurred in late adolescence but establishing autonomy was an ongoing struggle throughout their lives. The drive for autonomy engendered conflict between the values of religion and those of psychotherapy and the result was a deep distrust and rejection of dogma and all prescriptive codes of conduct. Although principled, ethical and virtuous, the participants in the study did not describe themselves or their profession in moral terms. For them, the notion of morality as prescribed and imposed norms was rejected and morality had become a personal and private matter which was not relevant to their therapeutic practice (5.2.3). For practicing therapists, the professional code of ethics became the source of moral values and it was these values which were activated in situations of conflict and difficulty.

6.20.2.2 *The experience of disjuncture*

The experience of disjuncture was common to all the participants, and happened at various stages of life. Most experienced this initially as a result of leaving home and

finding a niche in the world of work (5.2.4; 5.2.5) but others were forced to reconsider the appropriateness of their value system when they faced a crisis or dilemma later in life. Although a disorienting and disturbing experience, participants admitted that these disjunctures were productive learning experiences which enabled them to take stock of their values and chose alternatives which were considered more appropriate to their present situation, beliefs and aspirations.

“I was exposed to a much more liberal society than I ever was before...it challenged a lot of my values and had a very destabilising effect for a while” (9:69-71).

The enduring nature of the values of care and responsibility is reflected in the story of a senior psychotherapist in the NHS who was the only participant who did not have a previous career before becoming a therapist. After several decades in the profession he maintains that the values he learned from religion in childhood were still the guiding principles in his life. However, he too experienced disjuncture when adverse circumstances challenged his faith and forced him to re evaluate the adequacy of his belief system to cope with the trauma he was experiencing.

Disjuncture was caused when the value system was inadequate to make meaning of circumstances and one therapists describes herself as having “a very narrow band of how people ought to behave” which was “blown out of the water” when her restricted concept of goodness was not sufficient to incorporate her children who were not as compliant as she had expected them to be (5.2.4). Disjuncture involved a conflict of values and for many this conflict arose as a result of the demands of the agency or organisation in which they were employed and their own deeply held notions of what care involved. Institutional needs for efficiency, productivity and influence meant that time was a scarce resource and for these participants giving time was essentially linked to respect and to the formation of a satisfactory working alliance. One participant, a family therapist who had previously been in general practice explains why she preferred to become a therapist:

“One of the frustrations of general practice was that you never had time to make a difference to people” (5:5 - 6).

As a result, the value of respect took a prominent place in their values hierarchy and was interpreted as giving time, acceptance, compassion and being non judgemental. These values contributed to the quality of the relationship which was considered a central feature in all the caring professions in which the participants were engaged. When the demands of the institutions and agencies in which they worked prevented them from expressing these values, there was a resulting disjuncture and participants looked for another context which promoted these values and which placed a higher importance on relational qualities.

The profession of psychotherapy offered such a context. All the participants in the study saw the practice of psychotherapy as a means of meeting their own needs for expressing their values and finding fulfilment and satisfaction while simultaneously meeting the needs of others. Their personal value systems resonated with those of the therapeutic profession and the choice of a career as a therapist was perceived as meeting their need for knowledge acquisition and relationships as well as providing opportunities to make a difference to others.

6.20.2.3 Resolving values dissonance: the importance of role models

Participants reported that the experience of value disjuncture was resolved through the influence of role models. (5.2.5) At a time of disjuncture in their lives (5.2.4) when transmitted values were suspended, awaiting reformulation or replacement, it was the values of exemplars such as tutors, supervisors, writers and colleagues which provided an alternative system which was more compatible with their emerging ideals and aspirations. Autonomy and knowledge were essential to the credibility of these role models, and their openness, respect for all, integrity, courage and commitment were all admired qualities. However, these would have been admired from afar if the role models had not also inspired, encouraged and engendered a hope of success in those embryonic therapists who, as a result, embarked on a professional journey which they hoped would provide a context in which they could express their values.

6.20.2.4 The origins and development of therapists' values: summary

In summary, it can be seen that the values espoused by therapists in this study had their origins within a set of cultural discourses largely framed by Judeo-Christian beliefs. However, all of the participants described a process that occurred over the life-course, in which they experienced a loss of faith in such values, followed by a re-positioning in response to exposure to significant role models. The participants made sense of the development of their values in narrative terms, as a journey through which they had been able to move in the direction of greater authenticity.

6.20.3 The role of values within the psychotherapy process

One of the aims of the thesis was to explore the role of values within the process of therapy. This aspect of the inquiry generated two key findings:

- lack of therapist conscious awareness of values, and
- therapist attunement to client values.
- There were also a set of other, generic functions of values that were mentioned in interviews.

6.20.3.1 Lack of therapist conscious awareness of values

The therapists in this study were not inclined to understand either themselves or their clients through a values framework, and interpreted their clients' issues through the lens of their theoretical orientations with little awareness of the implicit values which underpinned them. Although this first study set out to explore the values which were reported by psychotherapists, a key finding was that values tended to be taken for granted, below the level of awareness, not reflected on and not easily accessed. While the participants all agreed that value neutrality was an impossible ideal, just which values guided their practice and the functions they served were less explicit. The therapists in this study often admitted struggling to identify values and the behaviours which were congruent with them, suggesting that there is less reflection on value issues than participants or researcher had previously assumed. All of the participants reported finding the experience of focussing on values both illuminating

and challenging as they struggled to explore the role of values in their professional practice. Although acknowledging the importance of values in their lives, the participants in the study admitted that they did not often reflect on what these values were or how they impacted their therapeutic practice.

6.20.3.2 Therapist attunement to client values

Study 2 examined the role of values within the therapy process. Analysis of the transcript of a counselling session revealed two main findings. First, there were a large number of value positions expressed within the therapist-client conversation, by both parties. Second, the therapist's personal and professional value orientation dominated the therapy discourse (6.4; 6.5; 6.6; 6.9; 6.10 6.12). The therapist appeared to fail to appreciate areas of value dissonance between herself and her client and resorted to the values of her theoretical orientation when there was a lack of agreement. However, the analysis also demonstrated that the client was not as easily influenced as previous writings have suggested. While the client in this study considered her therapist's value-based suggestions, she decided to continue to pursue her own ideas about the good life. In other words, the client was not prepared to adopt a new autonomous story if it cost the approval and acceptance of her family and friends. This case illustrated an absence of values attunement on the part of the therapist, and invited consideration of the ways in which this absence had an inhibiting effect on the process of therapy. One of the significant findings in this study was its demonstration that, while on a surface level, there may be agreement on values, the meanings which client and therapist attributed to these values might be radically opposed. For the therapist, autonomy was freedom from external validation, for the client it constituted selfishness and lack of consideration for others. This lack agreement resulted in divergent goals as the therapist sought to encourage a freedom which the client saw as a threat to a good self.

This study also suggests that the therapist was faced with a significant dilemma in deciding which values should guide the therapy session. From her person centred orientation she would concede that the client's values should form the goals and influence interventions. When it became apparent that the client's goal of autonomy

significantly clashed with a competing goal of maintaining relationships which provided security and a sense of validation, which goal should be pursued? In the absence of exploration of the value conflict, the therapist actively opposed the client's need for maintaining external validation with its connotations of dependency and internal locus of evaluation and persuasively argued that such behaviour was detrimental to her well being, a position which reflected her own personal and theoretical stance. This study indicates that establishing agreed goals may be more complicated and controversial than is currently recognized. Goals are value laden and the therapist's values may supercede those of the client, especially if the therapist considers that the client's goals are not conducive to his or her mental health as perceived by the preferred theoretical model. This will be discussed more fully in section 7.15

6.20.3.3 Other functions of values

The early function of values in the lives of these therapists was to provide indications of what was considered good and what was considered bad. Families of origin associated responsibility and caring for others with goodness and this concept remained a significant one for all the participants throughout their life journey. Validation and invalidation from family and friends affirmed notions of goodness and badness which were internalised and provided a sense of self, guided choices and motivated actions.

Values provided significant sources of motivation. What was good was defined by the family values of care and responsibility and these early values motivated the choice of profession to which the participants initially committed themselves as they sought for something good to be and good to do. However, when the participants 'left home' they were confronted with different notions of goodness and badness from those of their families of origin.(5.2.4). Previous values such as obedience and conformity were not appropriate in an adult world and the identity as a good person which had been validated in an earlier context was now challenged.

The participants in this study viewed a career as a psychotherapist as something worth striving for, and the value they placed on a professional identity together with the hope of success in reaching this goal, motivated them to commit themselves to a new journey and to persevere in the face of difficulties and setbacks.

Forming a new identity became an important task as these individuals looked for new sources of validation and a new formation of values which would help them create a desired identity. (5.2.7.3). The role models were a significant source of inspiration and the values that formed the identity of these exemplars were gradually internalised and allowed the participants to begin to create their desired identity to which they were committed and which motivated their choices and actions.

Being a therapist meant being a certain kind of person rather than adopting a professional role and the values which guided their therapeutic practice were also cited as those which guided their private life. One therapist describes the essential and unchanging sense of self she brings to all her relationships:

“...what they all get is me but they (clients) are getting me with the skills and knowledge and experience as a therapist, whereas my friends out with therapy just get ‘me’” (4.82).

Integrity, congruence and authenticity were the most valued aspects of identity and these therapists were motivated to be true to what they considered to be the self that they had formed. A betrayal of principles was a betrayal of these ‘selves’ and much more serious than any infringement of an ethical code. This finding resonates with Blasi’s (1993) work on identity formation which is discussed in Sections 2.15.4 and 6.8.3 illustrates how not protecting the weak was considered a more serious challenge to their identity than breaching confidentiality and thus failing to abide by professional ethics. An exploration of choices provided opportunities for identifying values and value conflict and the story of how the participants chose their theoretical orientation was a significant source of data.

Initially they gravitated to the theoretical model that they considered most compatible with their own personality and preferences. Two of the psychodynamic

therapists claimed that ‘the model chose me’ and cited their curiosity and love of complexity as the reasons for their choice. The cognitive behavioural therapists were attracted by the high level of pragmatism, collaboration and equality and the person centred therapists found the importance given to relational skills was most compatible with their personal value system. It would appear that there was a high correlation between personal and professional values in that they were attracted to the theoretical models that most reflected their personal value systems. There were also discrete personal values that motivated individuals to choose a specific theory over others.

6.20.3.4 The role of values within the psychotherapy process: summary

Initially values provided indicators of goodness and badness and later when certain values were owned and created into a value system they provided a framework for a desired identity. They influenced the formation of goals for living, motivated action and guided choices, yet remained largely outside the level of awareness. Morality and moral values were considered to be socially imposed standards of right and wrong which conflicted with the values of autonomy and individualism and restricted choices and freedom. They were consequently relegated to the private sphere and given little recognition in therapeutic practice. Ethical codes differed from value systems in that codes were perceived as necessary principles which allowed the profession to fulfil its aims and goals, and commitment to them came as a condition of joining the profession. These codes provided accepted externally imposed principles designed to act as guides to professional practice and which could be appealed to as a source of authority while values were internal, subjective and intentionally selected.

6.21 The search for quality

Cho and Trent (2006) call for a validity framework that promotes the quality of qualitative research so that the research community will be persuaded to consider the benefits of multiple qualitative inquiry methods. Canons for good practice in qualitative research are proposed by Stiles (1993) who asks “what do reliability and

validity look like in reports of qualitative research?” He suggests that reliability is akin to trustworthiness and validity to the quality of interpretations of the results. An evaluation of the limitations and strengths of this study is framed within what is regarded as good practice in qualitative research.

6.21.1 The limitations of the study

Morse (2010) claims that all qualitative research is inherently biased in that the sample have been deliberately sought and selected. The purposive sampling which was a feature of this study cannot guarantee that the ‘best cases’ were selected and that different data would not have been generated by another sample. So the generalisability of the study is limited. Glaser (2010) warns against the pressure to generalise a core category, so the findings presented in this study are located in a limited story (Clarke 2005) and apply only to the group studied and may not be replicated in another study with a different sample. However the data is grounded in examples (Elliott 1999) which provides evidence for the interpretations offered and an honest attempt has been made to understand and represent the experiences of the practicing therapists in the study as they engage in professional practice.

Elliott et al (1999) claim that the ultimate value of any scientific effort must be measured by its ability to provide meaningful and useful answers to the question which motivated the research in the first place. Although the sample can be described as relatively small, it allowed an in depth and intense analysis of the data and the participants in this study unanimously agreed that they found the experience of reflecting on their values both challenging and illuminating and also affirmed its usefulness for their self awareness and professional development.

A larger sample which reflected more diversity of values may have provided themes and categories which could challenge the findings of this study.

Study 2 allowed me to compare one therapist’s endorsed values with the values identified in a therapeutic encounter. While generalisations cannot be made from a single case study, this example from a particular perspective provided valuable data

on that specific interaction, although the interpretations are only relative to that case. Other studies from other orientations and multiple orientations such as integrative, eclectic and pluralistic would no doubt have produced very different results.

An area that was not addressed but could have added to the findings was that of emotion. Core values are likely to be accompanied by strong feelings (Maio and Olson 1998) and this was not addressed. On reflection this may have meant that valuable data was not generated. The feeling that one is not living up to one's values or contradicting one's values and the feelings associated with values would have been interesting topics to have included. The interview schedule did not address this issue and the subject did not come up spontaneously in the initial interviews so was not pursued.

The study did not discriminate between values and ethics to any extent. Although values are inextricably linked to ethics, it was decided that, after an initial distinction, the area of ethics would not be addressed directly in the interview schedule but allowed to emerge spontaneously. This was to avoid confusion between the two concepts. It turned out, however, that the participants resorted to the values of their ethical codes of practice in a way which allowed me to observe the function which these served in therapeutic practice. The relationship between ethics and values and the meaning these have for practitioners would be a valuable and useful research project.

6.21.2 Strengths of the study

Elliott et al (1999) suggests several criteria for good qualitative research to which this study has closely adhered.

A main strength of the study is that it places values in the context of everyday life and practice rather than regarding them as theoretical abstractions. The field work took place within the context of the values being examined – the practice of psychotherapy. Values have been notoriously difficult to define in past research and these difficulties of definition have been cited as major weaknesses. This study

explored values in terms of lived experiences of the participants as they pursued their goals, made choices, experienced disjunctures and shared their aspirations. Participants expressed their values in their own words and the study was thus grounded in the meaningful action of the participants and in the context in which these actions took place.

Study 2 focussed on a therapist in practice and the values interactions which took place during a therapy session, and provided an example of the dynamics of values in therapeutic practice. These findings were useful in identifying values in action and exploring the sources and functions of these in therapeutic practice

6.21.3 Cultural constraints

Participants lived and practiced in a twilight world where old maps have been discarded but new ones were not yet formed (Rosenau 1992) Such a background was both a strength and a weakness in this study. While no profession can afford commitment without question, the participants in this study were not apt to reflect on the influences of cultural and theoretical values on their personal value systems and their practice. The result was that there was a high level of uncertainty and confusion as to the relevance of personal values in therapy practice and a commitment to being non judgemental and accepting gave rise to a reluctance to address understandings of morality and moral judgements. This was the experience of Tjeltveit (1999), Arthur (2001) and Williams & Levitt (2007/8) who also reported that therapists were not aware of their values nor their significance for therapeutic practice (3.10; 3.15)

Reflecting on their values was not an experience which was common among these practitioners, either personally or professionally, and this study encouraged a deeper understanding of the values which were relevant to them. On reflection, it may have been more productive to have conducted initial pre research interviews which elaborated on the information given on the informed consent literature.

Only two of the participants (person-centred) continued to practice according to their original training and were committed to a single theory model. To explore the values which may be communicated in practice, a single theory practitioner was chosen because the values inherent in the discourse could be compared with a single theory. However, it would have been interesting to explore the practice of more integrative psychotherapists and identify the various theories from which their values interventions arose.

6.22 Locating the findings of the study in the context of previous research literature

This section highlights the significant literature and research findings which have influenced my study and compares and contrasts these with the outcomes of this research.

Studies by researchers in 1970s and 80s focussed on values similarity and dissimilarity between client and therapist. Two issues were of importance – did value similarity / dissimilarity help or hinder the therapeutic outcome (3.8.5) and did value dissimilarity result in clients adopting their therapists' values? (3.8.6) Answers to the first question have been ambiguous, but the majority of research on the issue of values convergence found significant evidence for the claim that clients adopt the values of their therapist and that this is a necessary criterion for the therapist to evaluate therapy as successful. Researchers (Beutler 1979; Bergin 1980; Tjeltveit (1999) who have written extensively on this theme have confirmed the phenomenon of values convergence and questioned the ethical implications of such findings. However, Williams & Levitt (2008) claim that there is little empirical research on how to manage value in therapy and that more research is needed which is grounded in an analysis of the client's experience of therapy.

6.22.1 The nature of therapists' values

Other research, reviewed in Chapter 3 has sought to identify the values that are espoused by therapy practitioners. The main findings from this body of research are that therapists are characterised by humanistic values – responsible, dependable,

reliable and helpful, and working for the welfare of others. (Consoli 1996). Other values such as benevolence, self direction and universalism (Kelly 1995) and self direction, intellectual pursuits and freedom in sexual behaviour (Kubacki & Chase 1986). Bergin & Jenson's (1989) survey found that the values of American psychotherapists differed significantly from those of the population at large, especially in the case of religious beliefs and practices (3.8.5)

These findings were the results of research using quantitative measurements – either the Rokeach Values Survey or Schwartz' modified version of it. However, it is interesting that these findings are quite compatible with the results of this study. Schwartz & Bardi (2001) claim that there is a significant degree of consensus across individuals and societies regarding values. Their research across sixty three nations led them to theorise that, underneath the apparent variations, there were universal values of benevolence, self direction and universalism which consistently scored as the top three values in all sixty three cultures explored. Although Schwartz's taxonomy was not used in this study, his conclusions are not incompatible with its findings. The high value of care and responsibility for others, autonomy and individualism and respect for all would be high values for the sample in this study.

The range of qualitative studies on values is not as extensive as that for quantitative studies. Many of the findings by Schovholt & Jennings (2004) are echoed in this study. They found the master therapists in their study to be characterised by: a desire for competence, a love of learning, a commitment to self awareness, open to feedback and possess good relational skills. All these qualities would be endorsed in this study but were articulated as valued goals rather than self descriptive. The therapists in Skovholt & Jennings' study were described as master therapists because of their professional reputation and substantial experience in practice whereas the criteria for the inclusion of the practitioners in this study was four years practice. Given the emphasis on knowledge and professional development within the profession, it could be assumed that the therapists in Skovholt & Jennings' study represented the characteristics which the practitioners in this study might aspire to but which they would be reluctant to claim.

Fisher Smith (1999) and Hoshmand (1998) carried out qualitative research on values. Fisher Smith's study found a rejection of authoritative values which resonates with

this study, but she also found that many of the therapists in her study reported disclosing their values to their clients in order to minimise values influence. This practice was not identifiable in my study where all the participants reported managing their values by suspending them during the process of therapy.

Hoshmand's research was a narrative study of commitment and identity among seven practicing therapists. Her findings differed from those of this study in that she found no shared value base among her sample and a significant lack of agreement as to what values were considered important in therapy practice, whereas this study showed a high level of agreement in identifying a value base which should guide interventions and these shared values were independent of theoretical orientation.

Williams and Levitt (2007; 2008) also carried out qualitative research into the values held by practicing therapists and their findings are similar to those of this study. (3.9) The most significant area of agreement between my study and that of Williams and Levitt (2007) is their assertion that clients' values may not be as easy to influence as previous studies have suggested. This study (6.17) found that the client remained steadfast in her commitment to loyalty and duty despite the therapist's attempt to persuade her that autonomy was a better option. This may suggest that the collaborative style of the therapist allowed disagreement without threat to the relationship or that therapists are, in general terms, less apt to be ascribed expert status than they were previously.

All these qualitative studies supported the observation of this study that values are not easily accessed and articulated and participants in the studies of Fisher Smith (1999) and Hoshmand (1998) reported concern with the failure of training courses to address the issue of values.

Another factor to be considered when comparing findings is that all the studies cited here have been carried out within an American or Canadian (Fisher Smith 1999) context and cannot be assumed to be entirely compatible within a British context.

6.22.2 The role of values in the process of psychotherapy

Previous research, reviewed in Chapter 2 has identified a number of ways in which the process of therapy is shaped by cultural, professional and personal values. The main findings from this body of research is that, while therapists do not conceptualise their practice in value terms, their values influence their professional practice and the process of therapy. This is consistent with the findings of Tjeltveit (1986), Fisher Smith (1999) and Williams and Levitt (2007/8) The findings of the present study add to the knowledge base by exploring the phenomenon of values within the context of psychotherapy and can therefore be related to therapeutic practice rather than conceived as isolated abstractions.

Although earlier studies on values have used quantitative measures, there is a surprising overlap in the findings.

6.23 Findings of previous research not supported in this study

There were also findings which were not supported by those of this study. Jenson and Bergin (1989) found that the therapists in their study were less religious, more liberal and more humanistic than the general population, generating questions regarding the need for therapists to be aware of the differences in values between them and prospective clients. However, their study took place over twenty years ago in an American culture where religion and state were closely aligned. Whether or not these findings would be replicated in contemporary American culture is debatable. My study found that all the therapists interviewed acknowledged the Judeo Christian roots of their value orientations and 73% described themselves as religious and members of a particular religious denomination or tradition.

Hoshmand (1998) used a narrative approach to identify the values of practicing therapists. She found a lack of shared agreement among her sample of therapists regarding their value base, their only point of agreement being their commitment to making a difference to the lives of their clients. This is a surprising finding and one which is difficult to understand in the light of the findings of this study where there

was strong agreement on a shared core of values which underpinned practice regardless of orientation.

Skovholt & Jennings (2004) in exploring the lives of master therapists, found that most of them understood their commitment to their profession in terms of being ‘wounded healers’. This study did not detect a similar analogy among its participants who were more likely to view themselves as ‘fellow travellers’.

6.24 Therapist lack of awareness of values

The most common similarity in the findings of previous studies is therapists’ lack of awareness. The studies of Consoli (1996) Fisher Smith (1999) Tveiltveit (1999) and Williams & Levitt (2006/ 2007) all explicitly reported a lack of awareness of values and this finding is echoed in the present study. None of those studies sought to explore the level of therapists’ awareness of values so the fact that this phenomenon is reflected in the findings of all these studies emphasises a need for further exploration. An early study by Glad (1959) was the first to draw attention to the values which were inherent in theoretical orientations and tested the hypothesis that theory defines the methods in the practice of psychotherapy. He found that interventions were influenced by the values of their theoretical orientation more than practitioners were prepared to consider and maintains that:

“Science founders upon its shrines but charts new lands when freshly driven by doubt and inspiration” (p275).

Glad’s (1959) study explored the implication of psychotherapeutic theories and their implicit values for the practice of psychotherapy and his conclusions are very appropriate in contemporary post modern practice. However, his work has largely been marginalised, perhaps due to the scientific ethos of his day and the avoidance of subjectivity as a valid topic for exploration.

The findings of the present study add to our understanding of this phenomenon by exploring the values of psychotherapists within the context of their practice.

6.25 The implications of the study

The findings of this study can contribute significantly to the training and practice of psychotherapists. Values are important aspects of human living and self awareness remains a sacred concept in professional life and practice. An awareness of the role of values in human life can increase understanding of both self and others, help clarify choices and goals and make many of the disjunctures and dilemmas of life more comprehensible.

6.25.1 Implications for our understanding of psychotherapy

Two main implications are discussed in this section – the need to situate the profession within its socio historical background and the need to find new ways of expressing morality which conveys a commitment to human welfare.

As this study has shown (Chapter 3) the profession of psychotherapy has evolved from the socio historical practices of care which have been part of the caring tradition passed down over generations. Therapy, as understood today has been shaped and influenced by the beliefs, norms, values and conceptions of the good life of preceding generations. Understanding psychotherapy as having evolved from traditions of care and as reflecting the beliefs and values of the prevailing social systems can help free practitioners from much of the dogma and truth claims of the various theoretical orientations and generate a more pluralistic and pragmatic approach to the alleviation of human suffering in a post modern era. Similarly, acknowledging concepts of morality as a creations of culture rather than absolute imperatives would allow therapists to understand and engage with clients' important moral values without the fear of imposing their own standards and judgements.

6.25.2 Cultural understanding

Culture is defined by Geertz (1973) as

“ historically transmitted patterns of meaning, embodied in symbols and systems of inherited conceptions expressed in symbols form by means of which men communicate, perpetuate and develop knowledge about and attitudes towards life.” (p89).

While human genes may have ensured that values are acquired, they do not specify which particular values. It is the socio cultural context that determines which value best serve the pursuit of what each era perceives to be the ‘good life’ and this sociological evolution enables human beings to make choices which Rowlston (1999) suggests, may be independent of genetic structure. McIntyre (1984) defines the good life as one which promotes human flourishing and Chapter 2 of this thesis shows that the meanings attributed to the good life were context dependent and products of the reigning and overarching beliefs of the time.

Chapter 2 of this thesis explored the history of healing practices in Scotland over several centuries and argues that the form these practices have taken is a result of a cultural narrative of care operating at a specific time and reflects the beliefs and values of the socio historical era. All these different historical eras have defined for themselves what is good to be and good to do and in doing so, created a reservoir of what was considered to be appropriate values from which individuals created a personal value system. Personal values therefore are a result of genetic inheritance, sociological context and the personal experiences of individuals and these factors coalesce in the formation of unique constellations of values which are organised into a value system. While these value systems are created by individuals, the array of values to choose from is dictated by the socio historical culture of the time in which the individual is embedded.

6.25.3 Understanding psychotherapy as an instrument of culture

Psychotherapy cannot be disentangled from its cultural influences. In order to understand the practice of psychotherapy, we have to understand the world into which it was born and in which it currently resides.

Writers such as McIntyre (1984) Taylor (1989) and Christopher (1996) maintain that culture permeates our lives much more thoroughly and persuasively than we tend to consider and that values can only be understood in the socio historical context in which they are embedded. This would suggest that a therapist who is independent of culture is a myth. Culture provides group identity, language, opportunities and restrictions as well as scripts for living which are saturated with meanings, contradictions and conflicts. Cultural values represent the implicitly shared ideas about what is good, right and desirable in society, and the practice of psychotherapy has arisen as a result of contemporary society's goals and value priorities. The practice of psychotherapy is, therefore, rooted in culture and has evolved within the opportunities and constraints of the cultural givens of the time. All knowledge, interpretations and interactions associated with therapy practice derive from cultural sources. Values are similarly a product of culture and contemporary practices of psychotherapy reflects the value society places on the human story and the alleviation of distress. Acknowledging the socio historical roots of psychotherapy and recognising its allegiance to a contemporary cultural climate is likely to make its practice more relevant in a pluralistic society where no single truth claim has pre-eminence.

6.25.4 An understanding of cultural rituals

Cultural rituals provide an illustration of the beliefs and values of a given society and group. Many of these are so embedded in cultural practices that they are largely unnoticed and regarded as habits or common sense. This study highlights the importance of identifying the values which surround certain rituals as a means of understanding value conflict and experiences of disjuncture. Leaving home and finding a niche emphasises the cultural values of independence, self reliance and autonomy but also presents challenges to previous values such as loyalty, commitment, belonging and conformity. The disjuncture experienced is a fruitful source for exploring values and identifying conflicting values with a view to creating alternative value systems which will serve as guides to new possibilities within a new context or niche.

6.25.5 Meaning and values

Meanings, interpretations and the understanding of others are all influenced by values and these, in turn, are influenced by the culture of the time. However, individuals construe their cultural embeddedness differently and the meanings they attach to values may vary and conflict. Within a contemporary post modern and pluralistic ethos, therapists cannot assume that similarities in culture translate into similarities of values and practice.

Study2 of this thesis demonstrates how the meaning of the values of commitment and autonomy were construed differently by therapist and client and how this lack of agreement went unobserved. Autonomy as freedom and autonomy as selfishness were conflicting meanings and highlight the need for therapists to engage in cultural learning with a client in order to identify diversity and variations in the terms used. Meaning making has become an important element in post modern thinking and Study 2 highlights the consequences of assuming a shared understanding of a cultural term such as 'autonomy'. Pederson (1991) point that all therapy should be regarded as a cross cultural endeavour is relevant and appropriate in an era which encourages diversity and alternative world views. Smith (2009) suggests that engaging in dialogue as a 'cultural stranger' can help free us from assumptions and promote a 'not knowing' approach to the stories told by others. Understanding the perspective of the client is an essential element of Kelly's theory and vital for the therapeutic relationship.

**“To the extent that one person construes the construction process of another, he may play a role in a social process involving the other person”
(1991 p66).**

6.26 A post modern culture

Many of the social and cultural changes over the last few decades have challenged psychotherapy's most taken for granted assumptions, traditions and beliefs. All

knowledge is regarded as socially constructed and the epistemological foundations of theoretical orientations called into question. Yet culture remains a source of identity and meaning for both clients and therapists, providing cultural roots, a history and tradition and a particular way of understanding the self and one's place in the world. The need for cultural understanding is no longer confined to those of different race, religion or ethnic minority groups. The pluralistic nature of contemporary society means that no assumptions can be made regarding shared beliefs and values even within a similar society. Individuals are located in webs of cultural meanings, practices, values and beliefs which have to be explored in order to gain an understanding of how they influence choices and behaviour.

Most psychological theories are culturally derived and rooted in western middle class values. A recognition of the constructed nature of the values which inform contemporary practice is an essential element in the acquisition of some degree of cultural competence. Identifying the values which form contemporary society's notion of the good life can provide an understanding of the goals of psychotherapy and their relationship to cultural values. The values of independence, autonomy, self reliance and achievement are identified by the European Value Survey (1999) as prominent values in European culture. The experience of loss or deficiency in any of those highly valued 'goods' may well cause personal distress as individuals strive to be what society considers worthwhile. Most of the therapists in this study considered that, at least to some extent, the problems in living experienced by their clients did not necessarily reside within the person but may be a result of a scarcity of resources rather than personal inadequacy. They considered the social context to be a vitally important factor in mental health and illness. Equality and fairness were high values for the therapists in this study and they were critical of the inequalities in society and the unequal distribution of resources. They rejected the value of achievement as a source of worth and stressed the value of the individual regardless of what s/he could contribute to society. One cognitive behavioural therapist was critical of the stigma attached to mental health problems and the social norms which provided benchmarks for healthy human functioning while not ensuring an equal distribution of resources:

“...the dysfunctional thinking that may be addressed is that they thought they had a chance of a decent life in the first place” (3.6).

6.26.1 A post modern challenge

One of the challenges of post modernism is to articulate a satisfactory definition of the term. As Potter (1996) advises:

“Defining post modernism is not easy – and it is probably not wise either” (p88).

However, despite the difficulties of definition, Lowe (1999) argues that postmodernism will be with us for some time and that there is something there of abiding importance to psychotherapy. He sees many of the difficulties experienced in the practice of psychotherapy as a result of the ‘no longer but not yet’ orientation of practice which is apt to inhabit both the world of modernism and its pursuit of reality and truth while at the same time acknowledging the socio historical nature of such notions and embracing the plurality of values and the celebration of possibilities which it promotes.

Evidence for such a dual system could be detected in the participant’s allegiance to many of the tenets of their theoretical orientation. The psychodynamic therapists reified the notion of hidden motivation, defences and transference, while the person centred therapists encouraged the pursuit of a ‘real’ self which, when discovered, would serve as a source of truth and authenticity. Cognitive behavioural therapists, although apt to be more constructivist in their approach, tended to consider scientific credibility a desirable goal for their practice. All of these concepts would be likely to be challenged by post modern sensibilities.

Only two of the therapists in this study (1 psychodynamic; 1 Cognitive behavioural) wrestled with the reality debate. This may have been a result of the interview format to adequately address this issue, but it was clear that the post modern challenge was a feature of the thinking and questioning in the lives and practices of some of these therapists. All the therapists in the study embraced the concept of pluralistic values

and the pursuit of new possibilities untrammelled by social conventions, obligations and externally imposed norms, while simultaneously adhering to many of the truth claims of their theoretical orientation. In an age where old maps are being discarded and new maps are not yet constructed, these therapists often found themselves confused and uncertain in a world of conflicting and relativistic values. They resolved their dilemma by asserting that the process of therapy is client led and appealing to theory when they consider that the client's values were detrimental to his / her well being. This is illustrated in Study 2 of this thesis where the therapist, in an attempt to communicate what she thought was healthy, highlights the disadvantages of pleasing others and seeking external validation but does not explore the cost the client perceives herself paying for such autonomous choices. The client construed her cultural embeddedness differently from the way in which her therapist construed hers, and the therapist was not sensitive to this difference, and illustrates the claim that similarities in culture cannot be assumed to translate in similarities of values and practice.

6.26.2 The post modern self

Woolfolk (1998), Butt (2001) and Furedi (2004) suggest that the psychological industry creates a need for therapy and this is promoted by the absorption of psychological terminology into its everyday discourse, especially around notions of the self. Holstein and Gubrium (2000) claim that the self is now a cottage industry and self knowledge, self expression and self fulfilment have become cultural imperatives.

All mainstream models of psychotherapy are apt to depend on implicit notions of the self which, in turn, are based on cultural concepts of the person. Westernised notions emphasise the values of individuality and autonomy in contrast to on western collectivist ideas in which self definition is deeply embedded in social relationships and obligations. Cushman (1995) explains his perspective:

“Each era has a predominate configuration of the self, a particular foundational set of beliefs about what it means to be human” (p3).

The concept of self has and has long interested philosophers, theologians and psychologists. Pre modern people saw themselves in some kind of consequential relationship with a creator, a belief system which provided a sacred canopy of belonging, purpose and a sense of identity. Enlightenment influences on the nature of the self emphasised the notion of individuality, the inherent good in human nature and the presence of a hidden interior which was eclipsed by social proscriptions but which represented a real, true and authentic self to be discovered by reflection and self knowledge.

Post modernism has challenged the notion of a real self and offers a panoply of perspectives which acknowledge divergent realities, pluralistic values, and a notion of the self which consists of multiple roles and identities. The concept of a knowable world and a knowable self is challenged by post modernist such as McNamee & Gergen (1996) who maintain that:

“A permanent self is merely an illusion we cling to, a narrative developed in relation to others over time that we come to identify as who we are” (p71).

As the notion of a unified and essential self become more threatened, and previous explanatory systems, such as religion, are largely discarded, Cutler (1997) claims that people turn to psychotherapy to provide them with a sense of self that will be sufficiently stable to help them understand and predict their world and to manage the fragmentation, alienation and confusion that is an inevitable part of a changing world.

However, within a post modern framework there is no epistemological ground on which indisputable truth can be established, and this means that the self is dethroned from its position of agency (Gergen 1999) and replaced by multiple selves which are considered to be products of roles, personal narratives and socio historical influences.

As changes in culture take place, so do changes in self understanding and values. Pluralistic conceptions of the self can be seen as appropriate forms of social

adjustment in an age of shifting horizons rather than a permanent identity crisis. Identities are anchored in values and values are important elements in notions of the self; identity can comprise of a number of selves. As this study has shown, value systems can change over time and offer alternative possibilities for ways of construing a self, yet can still provide a stable basis for self definition. The question of identity then is no longer an adolescent issue but an existential one that lasts the whole lifetime.

“The planks of a ship are removed one by one at intervals of time, and as each plank is removed, it is replaced by a new plank. The removal of one plank and its replacement by another does not make it a different ship...thus the identity of something over time does not require it to keep the same parts.” (Noziac 1981, p3)

6.27 The need for cultural competence

Changes in culture which are a result of the move towards post modernism challenges many of psychotherapy's most taken for granted assumptions, traditions and values. It rejects the notion of a stable and objective world which can be discerned by the application of the 'right' method and maintains that human beings can never know reality since we all see the world through the lens of our own culture, history and personal experience.

Psychological therapies originated in a modernist era with its emphasis on scientific credibility, objective measurement and value neutral interventions which reflected the socio historical milieu of the time. These notions have largely given way to more pluralistic perspectives which is characterised by uncertainty, fragmentation and a search for viability rather than validity. Understanding how therapy is shaped by – and in turn shapes – contemporary culture is considered to be a neglected area within the profession of psychotherapy (Prilleltensky 1994; Smail 2006) and one that is of vital importance if the profession is to adapt to the cultural diversity and pluralistic values of a post modern era.

Clients' stories are inextricably linked with the cultural context of history and tradition and cultural competence was mainly considered appropriate for minority ethnic groups, divergent races, religions and language.

Personal realities, subjective experience and the meaning of self all take place within a cultural background and are all interpreted within a cultural framework. One of the important implications of living with the cultural diversity of contemporary society is that there is no longer a shared conception of what constitutes the good life or how life ought to be lived. The relationship between the psychological therapies and the culture in which they are practiced is not well understood and the importance of the social context in the construction of concepts of health and illness is seldom addressed.

Practicing psychotherapy in a culturally diverse society calls for cultural sensitivity across all therapeutic interactions. Within a pluralistic framework assumptions cannot be made regarding shared social norms, traditions or beliefs and even when similarities are apparent, there can be no assumption that these translate into similar values and practices. The therapist has to be aware, not only of the client's way of seeing his / her self and world but of the necessity of understanding how these perspectives are related to the cultural story in which the client is embedded. Therapists have to take the role of 'cultural strangers' (Smith 2006) within every therapeutic encounter in order to reach a deep understand of their clients and the culture from which their values and meanings have evolved.

Cultural competence requires therapists to have a professional awareness of their own cultural values as well as an understanding of their client's cultural heritage and worldviews and the issues which are at stake for them. Kelly (1962) warns that it is hazardous to look at things through another person's glasses because it may leave the wreckage of sacred ideas in its wake. However, the neglect of the cultural dimension within therapeutic practice constricts the level of understanding which allows the therapist to more deeply accurately see issues from the client's point of view.

6.28 The meaning of morality

The study showed that the meaning morality had for the therapists significant influenced the way in which they address the issue within therapeutic practice. While all the participants were committed to principled and ethical conduct, they did not position these behaviours within a morality framework, a finding which is consistent with that of Williams and Levitt (2007). Instead the concept of personal morality was associated with past religious dogma and its prescriptive norms. These therapists had struggled hard to establish and maintain freedom from imposed traditional values and norms and wanted to extend the same freedom to their clients. There was, however, an assumption that autonomy and self direction were human 'goods' to be encouraged as worthwhile goals without sufficient consideration of the possible consequences in terms of community and traditional bonds. (Doherty 1995; Taylor 1989; Richardson et al 1999; Bellah et al (1985).

Psychotherapy has been described (Cushman 1995; Christopher 1996)) as a moral enterprise in that it has a concern for the well being of humankind and the alleviation of distress. Within this definition therapists are understood as moral agents, promoting change and encouraging personal autonomy and the pursuit of the good life. However, the therapists in this study (5.2.3) were inclined to understand morality as the imposition of socially prescribed norms and values and such influence was considered antithetical to the promotion of client autonomy. Morality was relegated to the private sphere and considered inappropriate for exploration in therapy. The need to appear non judgemental and accepting was an essential part of identity and took precedence over the possibility of appearing dogmatic or rigid – factors which were associated with morality.

6.28.1 Exploring morality

Morality is described as both a powerful and ambiguous concept, difficult to define and taking different meanings within different cultures and epochs. It can be broadly conceived as a system of ideals, principles and customs which has been fashioned as a means of evaluating human behaviour by defining notions of right and wrong and supporting socially defined notions of the good life and the good person. What

counts as moral is a function of culture and history – what was considered to be sinful a hundred years ago may be socially accepted practice in contemporary society. Likewise, new moral sensibilities have arisen – animal welfare, environmental concerns and abortion are relatively recent moral concerns. Moral values have always been adjusted to fit changes in society but the change from a monistic to a pluralistic value system has presented a significant challenge to our conception of what it means to be moral.

A monistic value system in which absolute moral values were based on a religious ethic and imposed by powerful elites, has evolved into a pluralistic value system which constantly changes and challenges our moral convictions and conditioning. Without a monistic system to provide clear standards of good and evil and accepted rules for living together, there is a general confusion as to definitions of morality, its constitutes and limits and its range of applicability. It would seem that while old moral monistic systems have largely been discarded, new ones have not yet been formed, resulting in disagreement and confusion regarding what can be considered moral.

In this study, morality was largely perceived as the imposition of norms on society by past powerful elites and which were now outdated and inappropriate for contemporary living. In an effort to remain non judgemental and accepting of differences, the therapists in this study did not conceptualise client's stories in terms of morality or moral issues. Their interactions were, as Doherty (1995) describes "stripped clean of moral barnacles". McIntyre (1984) also raises concerns about the impact of therapeutic culture on contemporary morality while Ellen Goodman, a New York journalist and, although an advocate of psychotherapy, questions its retreat from morality which she sees prevalent in American society:

"...I wonder whether ... the move from religious phrases of judgement to secular words of acceptance hasn't also produced a moral lobotomy. In the reluctance to being judgemental, we are disabled from making any judgements at all" (p8 quoted in Doherty p7).

The findings of this study support the views of Hoshmand (1998), Prilleltensky (1994) and Christopher (1996) who agree with Goodman's sentiments and call for new ways of thinking about morality within the psychotherapeutic profession. These writers maintain that post modernism and morality are uneasy bedfellows, and as a result, there is a lack of clarity and a significant level of confusion and ambivalence around the issue of morality and its function in personal and professional life. If, as Christopher (1996) claims, therapy is a moral enterprise and therapists are moral agents, then a clearer understanding of what it means to be moral in a post modern society is called for.

6.28.2 Morality and culture

The main source of western morality in the past can be traced to the ethical codes of the Greeks and Romans which were then followed by the principles of Judeo – Christian teaching and then in the Enlightenment ideology of secular humanism.(Ch2)

A post modern world challenges many of the assumptions of past eras and rejects the imposed dogmas and traditions but has added its own issues to the morality debate. Previous moral issues such as sexual promiscuity, homosexuality and abortion are no longer universally accepted but new moral concerns have arisen and society is now alive to the issues such as pollution, environmental concerns and animal experimentation to which previous generations were largely indifferent.

Values are no longer considered to be neutral and objectively observed phenomenon but essential aspects of both client and therapist, influencing interpretations, meanings and evaluations. However, the post modern challenge has meant that, while everything is questionable, no answers can claim ultimate truth and no institution has the authority to impose a monistic values system on the members of society. In other words, there is no longer an authority base for moral values which is accepted and shared by all, yet writers such as Taylor (1991; 3.16.4), Curtler (1997; 3.18) and Christopher (1996; 3.18.3) all argue that morality remains a crucial issue in the lives of both therapist and client, and therefore cannot be avoided or ignored simply because it is difficult, complex and ambiguous.

Pluralism regards morality as mediated through a particular socio historic tradition within which people construct for themselves some conception of the good life from the values available in society at that time. However, it rejects the concept of a monistic system of values which provides a unitary definition of the good life and prescribes the conduct considered imperative for its realisation. Instead, it promotes a variety of conceptions of the good life as well as a variety of ways of achieving it and offers a wide array of values from which individuals can construct their own versions of what they consider to be worthwhile goals. Good lives are plural because they centre around a variety of goals and the realisation of different valued possibilities by different means.

6.28.3 Morality within a pluralistic framework

Although pluralism acknowledges that there are no basic, core or absolute values that are binding on all people at all times, Kekes (1993) argues that it also recognises the need to impose limits and maintains that although culture is pluralistic it does not prove that there are no absolute values. He proposes that values can be judged good or evil according to the effects their realisation would have on human life. So human degradation, violations of freedom, the exploitation of the weak by powerful others and other kinds of harm can be considered evil in every society and within every historical era. Blasi (1999) and Prilleltensky (1994) support this view, and argue that morality must involve the absence of harm and the promotion of human welfare as absolutes.

So pluralism acknowledges a degree of absolute values centred round the benefits to human welfare. Nocchi (2004) claims that:

“The concepts of morality center around issues of fairness and human welfare”(p124).

Values are not necessarily considered to be relative within a pluralistic framework, although there are many areas of agreement between pluralists and relativists. Both refute the notion of absolute values but while relativism considers all values as

conditional on their context, pluralism argue that some values should be considered more viable than others although not necessarily more valid. However, there was evidence in this study that the values of individualism and autonomy were considered primary goods, not to be sacrificed without compelling reasons.

6.28.4 Therapy as moral enterprise

Within such definitions of morality the practice of psychotherapy can certainly be acknowledged as a moral enterprise in that it contributes to human welfare, encourages self determination and endeavours to respect all mankind. Psychology developed out of a concern for human welfare and that can be described as a moral concern. However, less apparent are the moral concepts which lie at the heart of therapeutic orientations and theories which specify what they consider the good life to be and the ways of attaining it. Therapeutic practice embodies various conceptions of what a person is and what a person should be or become (Christopher 1996) and to a large extent reflects cultural beliefs about the nature of human beings and the good life. This constitutes moral prescriptions, and the moral values inherent in these theories can largely be unobserved and unacknowledged within therapeutic training rather than being recognised, critiqued and deconstructed.

New conceptions of morality are needed as part of psychotherapy discourse. When morality is perceived as referring to the deepest sense of what life is about and the deepest understanding of what is good, worthy and desirable according to individual notions of the good life, then morality loses its prescriptive dimension and can provide valuable indicators of what humans consider important and worthwhile in their lives. Goals can then be negotiated, tasks agreed, methods established and progress evaluated within the client's moral framework and moral frameworks may be diverse and varied.

Conflicts can be understood from the perspective of moral values. With a plurality of values within which choices can be made, it is inevitable that dilemmas, confusion and clashes will be experienced. Choosing one value over another at a certain time entails a loss of another possibility or outcome. The pursuit of autonomy can conflict with loyalty and commitment, responsibility can conflict with freedom, tradition with

progress and self enhancement with universalism. Collective traditions and community vie with the cultural values of individualism and autonomy and the tension between individualism and collectivism, self and other and responsibility and freedom will always be dilemmas to be managed and inevitably involve choices and losses.

Therapists can help clients understand and evaluate their moral sources and articulate and construct moral visions for their lives without imposing their own notions of the good life on their clients. Redefining morality as representing an individual's notion of what is good to be and good to do and accepting that any such notions are valid within that individual's moral framework means that therapists have to acknowledge their own assumptions as to what constitutes a good person and a good society. Morality can be seen, not as idealistic and imposed, but as practical and pragmatic; no longer about having to conform to some external notion of truth, but a viable way of living which respects other views and lifestyles and which maximises benevolence and tolerance of difference. As long as the meaning of morality is considered as standards and norms imposed by external powers, the less applicable and relevant it will be to the profession of psychotherapy. A more pluralistic and creative meaning can elucidate morality as a search for something good to do and good to be.

6.28.5 Moral identity

Another important factor in the definition and clarification of moral values is the impact it has on identity. Taylor (1989) argues that:

“Selfhood and the good, or in another way, selfhood and morality turn out to be inextricably intertwined” (p3).

This idea is echoed by Hitlin (2003) who maintains that our core identity is anchored by our values and is a result of the process of self formation (Joas 2000). Identity allows individuals to define what is important and to clarify what kind of person they aspire to be. This is illustrated in this study in Chapter 5 (Section 5.2.5) which describes experiences of disjuncture as the re evaluation of existing ways of valuing

and the construction of more appropriate models. An accommodation to transmitted notions of morality is replaced by personally owned conceptions of what is good and formed the basis for future aspirations and commitments. Gullestad (1996) points out that people usually want to become something they find valuable so argues that constructions of the self and identity are dependent on moral notions.

Although self and identity are constructed, to some extent, under the influence of moral issues, there are differences in the importance of values for individuals. When moral values are integrated with a sense of identity, that is, they are central to the individual's self conceptions, the more these values are likely to be activated in certain situations. In this study the values of care and responsibility which defined their self concept oriented the participants to choose a career in the helping professions. Other value constellations were formed as a result of experiences and were integrated into a sense of self and identity. New ways of moral understanding were incorporated as they developed knowledge, self awareness and new perspectives which in turn provided new possibilities and new opportunities. The drive for competence, integrity and authenticity was not founded upon external standards but on their own sense of who they were and what they aspired to. To betray a principle that was central to their identity was to betray themselves.

6.28.6 Therapists as moral agents

Therapists in this study were faced with the dilemma of how to address clients' issues, establish goals and decide processes in a world of shifting horizons where there are many conceptions of what is good to be and good to do, none of which can claim to be more moral than another.

These practitioners in looked to their professional ethical code for moral guidelines. However, as the study shows (5.4.6.1), the protector of the weak was a more central moral identity for them than was conformity to the professional principle of confidentiality. In such situations an ethic of justice superseded an ethic of care and practitioners justified their moral judgements on the basis of preventing harm to the vulnerable and unprotected.

These were not easy judgements as they conflicted with other valued identities.

Participants in this study were conscious of the complexities and challenges of practicing in a twilight world where modernist notions of a monistic value system collided with post modern views on reality, truth and tradition, yet neither provided a stable horizon within which moral issues could be resolved. While their professional code provided guidelines and principles for their practice, they could not apply these to their clients' moral dilemmas and neither could they appeal to any other authoritarian source. So clients' moral issues tended to be regarded as subjective preferences and were regarded as legitimate unless they caused significant harm to him/herself or another.(5.5.4)

6.28.7 Cultural morality

The therapists in this study shared a cultural and collective vision of the good life and the good society. Contemporary values such as individualism and autonomy were regarded as 'goods' to be sought and to be encouraged in the therapeutic endeavour. There was a general consensus that autonomy and self determination were associated with mental health and therefore legitimate goods to be sought and this is demonstrated in Study 2 which shows how one therapist perceived traditional family commitments as source of conditions of worth, and loyalty as conflicting with autonomy which would prevent an individual reaching the goal of autonomous choices and the formation of an internal locus of evaluation..

Frank (1978), while acknowledging the benefits of contemporary individualism, criticises society's emphasis on self as reflecting an ideology which places unrealistic expectations for personal happiness firmly on the shoulders of the individual and ignores or minimises the cultural context in which an individual is located. Some of the therapists in this study agreed with Frank's observation and attributed many human problems to the challenging cultural conditions in which people had to live while at the same time being expected to be autonomous, self motivated and self sufficient. Taylor describes a western cultural expectation as :

“to be self responsible, to rely on one’s own judgement and to find one’s purpose in oneself” (1995: 7).

For the therapists in this study, these expectations constituted part of the good life and there was little reflection on the degree of emotional isolation, alienation and fragmentation that such an emphasis could have for social ties, family bonds and sense of tradition. The therapists did not appear to question the possibility that it might be difficult for some men and women to meet life’s challenges and tragedies without a sense of belonging to a tradition or having wider loyalties. Although for many, the experience of disjuncture had included a conflict between autonomy and belonging, they were not apt to relate this experience to their understanding of others.

Pederson(1991) argues that such values as individualism and autonomy are only relevant in western cultures and not necessarily appropriate for other cultures. Since therapy takes place in a pluralistic culture that encompasses multiple belief systems, it may be more pragmatic to consider all therapeutic conversations as cross cultural since therapists cannot make assumptions that a client from a similar ethnic group, economic status or religious background will share similar values or make meaning of these values in the same ways.

6.28.8 Challenges to notions of therapist’s moral influence

The therapists in this study were agreed on the inappropriateness of exerting any moral influence on their clients. However, whether or not a morally neutral stance is as important as the participants in this study believed, is challenged by the findings of Williams & Levitt (2008) who claim that clients’ moral values were not as easily influenced as previous research has suggested.(3.8.3; 3.10)

Doherty (1995) and Fisher Smith (1999) recommend that therapists guard against undue influence by discussing their personal moral value with their clients and making these explicit early in the therapeutic enterprise. However, this idea may not find general agreement within the profession. All the therapists in this study embraced the moral notions of autonomy and individualism and actively sought to

promote these in therapeutic practice as the best way to live. Claims of moral neutrality would be difficult to justify as all therapists have views as to what constitutes the good life, human nature and morality and make presumptions about what contributes to mental health and mental illness.

Moral values are inescapable and the notion of value free therapy is no longer credible. In order to further explore the place of moral values in therapy, the meaning of morality has to move from pejorative concepts of authoritarianism and imposition of standards to one which views morality as a moral ideal which represents what is considered good to be and good to do. Moral ideals are to humans what the stars were to the ancient mariners – they plotted their course by them but never expected to reach them.

6.29 Implications for training

The participants in this study acknowledged a lack of understanding of the deeper implications of values and most admitted that the values issue had not been addressed to any significant level in their original training.

6.29.1 The need for values awareness

The findings of this study confirmed those of Levitt & Williams (2007) who claim that therapists are not aware of their values and do not frame their practice within values dimensions. There is a substantial body of evidence (Rosenthal (1955) Fisher Smith (1999); Beutler et al 1999; Tveltjeit 1999; Williams & Levitt 2007) which claims that therapists' unexplored and unexpressed values will influence the therapeutic intervention, whether or not therapists intend them to do so. Given the significance of values in the lives of individuals and the importance which is apportioned to self awareness within the therapeutic tradition, the influence which cultural, personal and professional values have on theories and practices needs to be acknowledged and elaborated in order to facilitate the management of values within therapeutic practice and to prevent the possibility of values convergence.

6.29.2 The impossibility of value neutrality

While the ideal of self awareness is a sacred in psychotherapy, any understanding of self would be incomplete without an explicit knowledge of personal values. The possibility of insidious influence as a result of unacknowledged values would be unacceptable practice for therapists and needs to be addressed at the level of initial training. The extent to which training programmes have invested in the exploring the influence of values on self awareness and practice merits serious consideration. Meehl (1959) and Tjeltveit (1999) maintain that psychotherapists inevitably make interpretations and meaning from within their own value systems. Such a claim implies the impossibility of value-free counselling as Fisher Smith (1999) claims but therapists need to find a way of managing values so that their personal values do not influence.

6.29.3 Managing values

Values are incredibly complex, highly idiosyncratic and rather like an iceberg with a small visible set of explicit values on the surface and a large unexplored underlying area beneath. The dogma of shared values is no longer credible in a pluralistic society but identifying the values held by individuals is problematic as we can never interpret people's values in a neutral way. However, in order to be true to its own ethical principles, psychotherapy must take seriously the values stories it tells and be explicit about the values which are embedded in its theories and practices.

At an individual level, practitioners are ethically responsible to promote the values of their professional organisation and therefore need to be aware of these values and of their personal value systems and the way in which these affect professional practice. Psychotherapists are part of a community pursuing a moral enterprise and which has a repertoire of values, beliefs, practices, rituals and stories which have been formed and adapted over the course of the history of the healing professions (Chapter 2) The conditions, resources and demands that shape its practice are socio historical artefacts and should not be perceived as having an existence of their own. Values are abstractions, created in order to fulfil the ends and purposes of an organisation and their reification can become a danger when they are attributed a concreteness they do

not possess. So at both an organisational and an individual level, the concept of values need to be woven together with a post modern and pluralistic culture with all its diffuse, intangible and creative aspects. Therapy cannot be conducted without values – issues such as client autonomy, tolerance and respect are themselves values. The question is not whether values are inescapable, but how can they be managed.

There is little empirical research on the management of values in therapy, yet most of the research indicates that therapists are dedicated to avoiding the imposition of their values on others. While there was nothing neutral about the ethic of neutrality, acknowledging the impossibility of attaining it has left therapy practice with the dilemma of deciding what values should influence practice and how these should be managed. Doherty (1995) advocates that therapists should disclose their values at the beginning of therapy in order to allow the client to recognise areas of influence. Tjeltveit (1986) believes that therapists should minimise or suspend their values and that therapy should be guided by mental health values, but constructionists would argue that such values are a product of cultural contingencies and not representative of any definitive 'good'. Smith (1999). Asserting that therapy should be guided by client values may also be unrealistic if the client's values are antithetical to the therapist's conceptions of mental health or if the client is not able to decide what values or goals would be beneficial or may be considered by the therapist to be harmful. Study 2 illustrates how a therapist promoted her personal and professional values of autonomy and internal validation over the client's values of self sacrifice, external validation and security. The claim by Walsh (1975) and Schwartz & Katz (1996) that values change from situation to situation only adds to the dilemma.

6.29.4 The search for self awareness

One of the first issues to be addressed in finding a solution to this dilemma is elaborating self awareness. An understanding of how one's own value system is composed of cultural, personal and professional values and of how these values influence our choices, motivation and identity is an essential part of the search for integrity and authenticity which is a desired and valued part of a professional

identity. (5.5.6) Values play a significant role in the establishment of criteria which provide the touchstone for self evaluations and self esteem.

One of the tasks facing embryonic psychotherapists is an understanding of the notion of reflexivity. An understanding of how one's value system is formed and maintained and the inevitable impact that culture and theoretical or professional values in the formation of this system is a prerequisite for understanding the value systems which provide a framework for clients' beliefs and behaviour. The concept of reflexivity proposes that both therapist and client are embedded within a particular cultural tradition that has shaped their world views, assumptions, norms and practices. Both operate within the restraints and opportunities of their transmitted cultural values and create from those values a system which serves as guides for living. While the cultural pool of values may be similar, the chosen values and the meanings which individuals attribute to those values may diverge and even contradict. Kelly (1991) expresses the dilemma well when he says:

“No matter how close I come to the man or woman who seeks my help, I always see them through my own peculiar spectacles, and never do they perceive what I am frantically signalling to him, except through theirs “ (p225).

6.29.5 Awareness of cultural values

Cultural values such as individualism, autonomy and self reliance (Cushman 1990; Smail 2005) are all regarded as goods in contemporary society and, to a large extent, become legitimate therapeutic goals when their social and cultural biases are not recognised. Pederson (1987) points out that many of the values which are reified in western psychotherapy practices reflect those of a particular culture which forms only a small part of the universal population.

Within a pluralistic culture, many different lifestyles, beliefs and practices co exist and so also do many notions of the good life. An exploration of clients' notions of the good life from a position of not knowing – a position which Smith (2009)

describes as 'being a moral stranger' - is an essential part of therapist training in a social climate where shared, taken for granted assumptions are no longer viable. Therapists need to be aware of the cultural assumptions implicit in notions of health and illness and the socially constructed nature of goodness / badness when attempting to understand clients' perspectives on their lives.

“We need to place psychology and psychotherapy in their historical and social context and see them as evolving along with socio cultural change and internal changes in the profession” (Hoshmand 2001 p 100).

6.29.6 Awareness of professional values

Within this study professional values have included the values inherent in a theoretical orientation as well as the stated values of professional ethics. The values in theoretical models tended to be taken for granted truths rather than social and human constructions and, as such, were often appealed to as a justification for interventions. Beliefs about the causes and remedies of human distress were located within theoretical models and interventions were tailored to be consistent with the therapist's preferred approach.

A pluralistic framework can encourage a more pragmatic perception of theoretical models as each having something to offer towards the explanation and understanding of human problems but none being able to claim absolute truth. Within this framework, therapists negotiate a theory which best meets the client's self defined needs and its suitability is assessed on its viability rather than its validity.

However, in order to take this stance, therapists have to have a significant capacity for uncertainty within the realm of knowledge, yet be convinced of the benefits and effectiveness of therapeutic endeavours. Sorrentino & Rony (2000) maintains that human beings struggle for certainty and therefore reify knowledge claims and embellish them with truth. These truths then have to be defended against contradiction and so evolves the rivalry and hostility (Arthur 2000) between proponents of the various schools.

An understanding of how theoretical models are infused with the values of their founders and an explication of what constitutes the goals and aims of each model can encourage reflection and critiquing of the truth claims of various models and foster a commitment to the process of therapy as client driven rather than theory driven.

6.30 The search for understanding

Understanding others is a prime concern in the profession of psychotherapy and this section of the thesis argues that understanding people in value terms can provide a deep and empathic way of forming a therapeutic alliance.

6.30.1 Understanding others in value terms

Kelly's sociality corollary describes a role relationship as dependent on the extent to which one person can understand how another perceives the world. In order to do this, the therapist has to subsume his/her own worldviews, values and preferences and focus on how the client sees his/her world. Many attitudes, behaviours and principles which can appear incomprehensible to one person, can make good sense when viewed from the other person's perspective. This way of establishing relationships is also emphasised in cross cultural research by Pederson (1991) and Sue et al (1992) who also stress the necessity of understanding the context and cultural background of another person in order to make sense of their perspectives.

6.30.2 Understanding all therapeutic encounters as cross cultural experience

Given the pluralistic nature of contemporary society and the variety of values and lifestyles that are considered legitimate and desirable, there can be no assumptions that people in the same culture v share the same value or maintain that one value is considered superior to another. In this sense, all therapeutic interactions can be viewed as cross cultural endeavours where the therapist assumes a 'not knowing' approach to her clients and attempts to find the sense that is inherent in his story rather than make sense of it from her perspective. It is the ability to comprehend the

depth of another person's world that makes behaviour understandable and which forms the basis for the therapeutic relationship. Rather than make sense of the client through the lens of a particular theory, a post modern therapist first understands the life world of the client and then decides with the client which theory best addresses the presenting issues. Therapist's training needs to encourage an awareness of the multicultural competencies which reflect the cultural diversity in contemporary society and the development of skills which can facilitate processes of healing and change which are compatible with the multiple perspectives and values of a post modern society. In post modern society, therapists have to assume the role of moral strangers in order to maintain focus on clients' beliefs and values and the meaning those have for them.

6.30.3 An understanding of the good life

Understandings of the good life have changed in accordance with the prevailing values at certain eras in history so the nature of what was considered good to be and good to do in contemporary culture is vastly different from the moral beliefs in an earlier age. As Kelly points out, much of what was considered sinful a few centuries ago does not resemble what is considered sinful in today's society. Visions of the good life vary and the best life for one particular person may differ significantly from the best life for another.

Our conceptions of the good life are construed from the values recognised within the society in which we are embedded, so within a pluralistic society these are likely to be varied, diffuse, and often conflicting. While a good life will include a satisfaction of basic human (biological) needs, it also includes societal values and expectations and these will vary with different contexts and with different individuals. Both biological and social values are involved in the search for the good life and therapists working within a pluralistic framework need to be able to identify their own notions of the good life and the values which are inherent in such notions. For many in post modern society, notions of the good life are likely to include health, happiness, autonomy and freedom as they are highly prized goods in contemporary culture. However, just how this good life is achieved is a more personal and challenging enterprise and will be different for different people at different times in their lives. It

is challenging in the sense that notions of the good life are often conflicting and the pursuit of a specific valued goal may mean the relinquishing of another.

Tjeltveit (2006) maintains that therapists seldom articulate their notions of the good life – and this study suggests that notions of the good life are embedded within their theoretical orientations, their philosophy, ideology and practices. The principle of reflexivity would call for therapists to explore their understandings and to identify cultural, professional and personal influences.

Exploring clients' notions of the good life calls for the values of respect and beneficence as well as a commitment to self awareness, openness and tolerance for ambiguity. Notions of the good life are value laden and inherent in all theoretical models of psychotherapy and there is significant evidence to show that clients can be influenced by therapists' view of the good life and the values associated with it. Psychotherapists also have their personal notions of the good life with its accompanying values and have pursued these ideals in the search for something good to be and good to do. The particular nature of therapist's value system needs to become an essential part of self awareness and addressed more comprehensively in training and supervision.

Within a pluralistic framework, however, therapists encourage multiple and diverse conceptions of the good life and seek to understand what these conceptions mean to individual clients. Although each theoretical model promotes a particular view of the constitutes of mental health, practitioners need to be committed to helping their clients to articulate and explore their personal notions of what, for them, would constitute the good life and how best these can be achieved within the client's moral framework. All views of the good life entail judgements and evaluations and the values of the individual will determine what will count as worthwhile goals, what will count as costs, harms and benefits and what will be regarded as worth being and worth doing. Therapists working within a pluralistic framework not only need to be aware of their ideas of the good life but also about their ideal therapy goals which are inherent in their theoretical orientations and may over ride the goals of their clients.

6.31 Implications for practice

This thesis has argued for the importance of therapist awareness of the personal and professional values which can influence therapy practice and the necessity of addressing the issue of values in training.

Another facet of the values issue is the identification and acknowledgement of the values which emerge in the clients' stories and the explicit use of these to understand choices, establish goals, decide strategies and to evaluate progress.

6.31.1 Strategies for values identification

There are times and experiences in people's lives which provide significant opportunities for an exploration of values and value conflicts. Many of the issues which clients bring to therapy reflect the experience of disjuncture experienced by all the participants in this study and the issues and dilemmas resulting from this can be framed in value terms.

6.31.2 Choices

Choices are also indicative of values as an individual choose an option or route through which s/he envisages the best possible outcome. Past choices, when viewed from present situations, can appear foolish, erroneous and destructive, but at the time were considered the best option among competing choices. In study 2 the client initially chose security over adventure and relationships over autonomy – in other words, she chose what she considered would meet her needs at that time. As these needs were met, however, other needs became important and the values of loyalty and commitment clashed with those of freedom and autonomy. New goals were sought which would meet present needs and minimise the values conflict generated.

6.31.3 Goals of therapy

All goals imply values and all therapy has as its meta goal the implementation of change in some form. Although beliefs, strategies and values vary between the theoretical orientations, satisfactory change is the end product of all therapy interventions. Tjeltveit (2006) suggests that psychotherapists need to develop and articulate an agreed conception of good health and a healthy, productive and socially responsible human life which is shared by the profession as a whole, but such a prescriptive imposition is likely to be controversial within a British context.

The importance of goals and their contribution to meaning and purpose in the lives of human beings is well documented. Goal directed behaviour is claimed to be an inherent part of our genetic makeup (Koestner 2008) and if this is so, then it can be argued that it is a biological human need. The need for care, for relationships, for purpose and meaning may be common to all, but the way in which these are pursued will depend to a large extent on the values of the dominant culture and those of the individuals who inhabit it.

Goals are infused with values as we aspire to be or do something we admire and consider to be worthwhile. This is as true of therapists as it is of clients and this realisation calls for a degree of reflexivity on the part of the therapist in the negotiation of life and therapy goals. This again stresses the need for a high level of self awareness on the part of the therapist and the openness to explore personal understandings of the good life as well identifying those inherent in their theoretical model and in the wider culture.

Goals, like values, are hierarchical. At the pinnacle of the hierarchy are the goals for a good life whatever that may mean for an individual, but can be assumed to be around the satisfaction of both biological and social needs such as happiness, belonging, achievement, self worth and fulfilment. Below that, there are other goals (instrumental goals) which an individual may strive for and which contribute to what they consider their meta goal to be. These goals are not necessarily stable and can take different positions on the hierarchy at different times. Establishing goals, it is hoped, will improve autonomy and self worth, and provide a sense of purpose. However, the therapist needs to be aware of the role of values in identifying and implementing goals with clients in order to ascertain whether certain goals will

motivate an individual to take action, to persevere and to overcome the obstacles and difficulties that are likely to present themselves.

6.31.4 Assessing the level of discontent

Clients frequently seek therapy as a result of disjuncture in their lives, when the values they hold are insufficient or inadequate for the circumstances they face. The level of discontent which an individual is experiencing in his/her present situation is one way of evaluating the probability of change and the level of commitment and perseverance that s/he is likely to invest in the project. Encouraging clients to explore and articulate their level of discontent may clarify reasons for change and justify actions. A high level of discontent can result when core values are not able to be expressed or are not validated and so an exploration of values can provide a productive means of understanding.

6.31.5 Value of the outcome

One of the most important aspects of change involves the value that such change has for a client and this issue has to be explored from a client's perspective rather than from that of the therapist. Remaining in an abusive relationship, a menial job or as a failure may be constructed as better options than being alone, challenged or responsible. Valued outcomes are necessary for goals to be sufficiently motivating and for a client to decide what action will help him progress these goals. Some goals may focus on helping a client to cope with present circumstances rather than change these.

6.31.6 Hope of success

Having established with the client valued goals and jointly clarified the sub goals necessary to achieve these ends, the therapists next task is to help the client assess the resources which will help him remain optimistic and persevere in the face of

difficulty, and identify those which are likely to impede the attainment of his goals. However, therapists also have to be aware of a fear of success in which attaining a successful goal would threaten other, equally core values. As study 2 shows, achieving autonomy would be at the expense of relationships and social validation.

6.31.7 Assessing the cost

Neither the level of discontent, the value of the outcome or the hope of success will serve as sufficient motivators if the client perceives the cost as too great, or does not sufficiently explore the difficulties, dilemmas and conflicts he may face in the pursuit of his goal. While change may be a valued outcome of the therapeutic process, the hard work, loneliness, confusion and distress which is involved is seldom evaluated by therapists and clients.

Table 12 The change equation

$Ch = f(D, V, HS) > Cost$

Change is a function the of the level of discontent, the value of the outcome and hope of success being greater than the cost of change.

6.32 Challenges to psychotherapy practice

Values are inescapable in therapy because they give a sense of what matters and help organise and prioritise experiences on the basis of what is considered good to be and good to do. Both therapists and clients would be lost without the direction that values give.

The values debate in psychotherapy offers a continual challenge to both the professional body and the individual practitioner in terms of identifying, clarifying and articulating the values which guide practice in a post modern society. Post modernism and values are described as uneasy bed fellows, but in a value laden occupation such as psychotherapy, the subject is one which merits more attention than it has received to date.

6.33 Values in a pluralistic framework

A pluralistic values framework has largely replaced the monistic system of modernism, but pluralism is not value free. There is a need to clarify pluralistic notions of the good life, justify values, and resist the tendency to reify its values and practices thus creating another truth system. Relativity, openness, and subjectivity are themselves values – as was objectivity and neutrality within a modernist system. However, the pluralistic framework does offer the possibility of managing values in a more pragmatic and potentially useful way that minimising, suspending or avoiding them. Values are part of a system of meaning, a constellation which depends on other values for its form and definition and which contains both poles of the value – both responsibility and irresponsibility; honesty and dishonesty are encapsulated in the one value. Values can then be modified or reorganised in different situations by a movement to one or other of the value poles – so being less responsible may be a better option for a client than being irresponsible. Similarly values can be activated in accordance with specific situations; while one situation may call for truthfulness and honesty, another may call for sensitivity and kindness which might exclude the former, and yet another may combine honesty and sensitivity. All these values can be within the same value system but it is the activation of a particular value that calls it into touch. Although Blasi (1984) maintains that values are part of identity and individuals seek to behave in ways which are consistent with that identity, all of us are likely to have conflicting values within our system and be faced with challenges as to which value is most appropriate in any given situation. Tensions between autonomy and responsibility, individuality and community, honesty and kindness are a part of everyone's life.

Within a pluralistic framework, the therapist does not have to change the clients values nor agree with them, the focus is on understanding them in the context of their socio cultural embeddedness and the meaning they have for the clients' lives.

6.34 A hermeneutic approach to values

Hermeneutics and a pluralistic framework for psychotherapy share many similar concepts. Both focus on meaning making and interpretation and both acknowledge the social historical and cultural embeddedness of interpretations. It is the client's interpretation of his experiences, rather than the experiences themselves, that therapy is concerned with. Both hermeneutics and psychotherapy are concerned with elaborating understanding – both that of the client and that of the therapist. Exploring meanings within a values framework can contribute significantly to an understanding of how a client perceives his life and why he acts in certain ways. Understanding values as a system or inter related web can shed light on how a change in one value may have repercussions throughout the system – as illustrated in Study 2 where establishing autonomy meant the loss of security and threat to a heroic self image. A choice in one direction may curtail choices in another.

In the attempt to understand a client's perspective, values provide a useful lens - one that is continually focusing and re focusing in an attempt to see the world from the perspective of another. A value lens sheds light on choices, identity, motivation, goals and meaning. The therapist comes to this endeavour with his own acknowledged values and value systems and from which he activates those that he considers appropriate to his situation. He may begin with the values of respect and openness but as the session progresses, he can activate other values such as compassion, challenge, understanding and curiosity as he sees the need. It is interesting to consider that a therapist cannot activate a value that is not in his system, so the continual awareness and elaboration of his system is an important task in self development.

6.35 Implications for further research

This study argues for the importance of researching values within the cultural and social contexts in which therapy practice takes place and of acknowledging the socially constructed nature of values and the cultural influences which impact on the meaning of taken for granted notions such as care, the good life, morality and identity, to name but a few.

The practice of therapy takes place within a post modern and pluralistic culture and any research into values has to be situated within this context. An understanding of both constructivism and social constructionism helps understand values as personal and social concepts, created rather than discovered and subject to change and modification according to cultural background, life history and experience.

The importance of values for the therapeutic profession has been acknowledged but not well researched. Living and practicing in a pluralistic culture means that therapists are free to choose from a wide variety of cultural values in order to for values systems which provide them with guiding principles in the search for something good to be and good to do. How these values are selected and formed and how they resonate with their chosen profession is an area of research that could provide valuable information in selecting candidates for training and in understanding their choice of theoretical orientation.

Assessing the effectiveness of values sensitive training could be another important research project which could follow from the findings of this study. This can be done by videoing or recording a therapy session and analysing it for values much as Study 2 in this thesis has done. Then, following a value sensitive training programme, therapists might revisit the session and reassess their responses through a values lens, or record another session and assess it for increased values awareness. In a world where stakeholders demand evidence of good practice, a values focussed approach may contribute to increased understanding of self and others as well as a robust therapeutic alliance and more satisfactory outcomes based on clients' values and choices.

An extension to the study presented in this thesis could be undertaken by an exploration of values in the experiences of clients in therapy. An understanding of how clients make meaning of the values in therapy and how they manage differences, discrepancies and contradictions in values and would contribute to the field of knowledge in pragmatic and productive ways. Rennie (1992) argues that most research is conducted from the therapists' perspectives and there is little research conducted from that of the client. A study into values in therapy from the viewpoint of clients would help correct this imbalance and make a valuable contribution to the body of research on values in this field.

6.36 Concluding reflexive commentary

This thesis has sustained me through very difficult circumstances – trauma, loss and the reconstruction of my role identity sapped significant amounts of energy and focus. There were times when its completion seemed an impossible accomplishment, but curiosity, the excitement of the search and the pursuit of knowledge always returned to provide meaning, purpose and direction. Even when the flame flickered it was never quite extinguished until, over time, the vision of completing the study was revived and the work started again.

At the beginning of the study a colleague and I had designed a post-graduate counselling training course which was validated by Queen Margaret University and BACP. Over the years of the course, the topic of values generated a large amount of interest and contributed to an elaborated understanding of self and others. Students could understand themselves and their dilemmas in value terms but were unclear as to how values should impact their practice. A previous M.Phil research project had convinced me that values were important in the motivation of helping behaviour but I had not explored the sources and function of these values to any great extent.

On reflection, I realise that I approached this research with very little understanding of the impact of values on human life. Although the previous research study had indicated its importance in helping behaviour, I had no concept of the cultural, personal and professional aspects of values, nor of their significance for human life in general and the profession of psychotherapy in particular. There were times when the whole project was simply overwhelming in its complexity, volume of data and challenges of meanings but I somehow remained convinced as to the contribution the findings could make to a deeper understanding of self and other and so to the professional practice of psychotherapy. I realised that values were part of everyday life and, although seldom reflected on, could provide insight and understanding of life's choices, dilemmas and preferences. If students could understand themselves in value terms, could they also understand their clients in terms of their values – and would exploration and clarification of clients' values which be beneficial to their understanding of themselves and their life stories?

The findings of this study convince me that a value sensitive approach to therapy is an important and essential aspect of practice in a pluralistic culture where there can be no assumption of shared meaning or agreement among even people of similar origins.

Recognising that the social context in which I live and work shape my thinking and values has meant that I realise that I am a product of my historical and social background– but I resist the notion that I am a victim of my biography. Marrying social constructionism with its emphasis on the immutability of values in culture with the theory of constructivism with its focus on personal choice and construction of values, has given me a more elaborated understanding of values as both cultural and created. In the process of this study, I have become sceptical of the either or of a dualist position and more inclined to the view that I do not have to jettison one theory in order to accept another. Since I am reluctant to ascribe truth claims to any theory, I can consider them as possible explanations which make living with contradictions and tensions a more acceptable way of making meaning of the world I inhabit. I can hold these theories until what I consider better explanations are found.

A pluralistic and constructivist understanding of morality was extremely helpful. I was not comfortable with the concept of relativity where no value was considered superior to another and believed that values should be judged ‘better’ on the basis of their viability – did they help me to attain my concept of the good life? A pluralistic concept of morality which subscribes to the universal absolutes of promoting human welfare and doing no harm was a framework which appealed to me. Keeping absolutes to a minimum was a better option for me than jettisoning them altogether.

As this thesis was about values, it inevitably presented me with the challenge of identifying my own values and value priorities. I recognised that the pursuit of knowledge had always been a high value for me and had conflicted significantly with other values and social expectations. Homemaking, fulfilling the role of wife and mother and contributing to the family coffers were all important for me and took priority for many years. Having left school at fifteen, my confidence in my academic ability was not high and it was only after successfully obtaining a 2.1 Honours degree in Child Development that I risked committing myself to post graduate

studies. A Master's degree in psychology was followed by an MPhil in Theology and somewhere in between I did a post graduate diploma in Personal Construct Psychology. The excitement and fulfilment which these studies brought outweighed the trepidation I felt and I finally summoned up the courage to embark on and persevere in this PhD.

The pursuit of learning will always be important for me but I realise that it has been an operational rather than a terminal value. It has enabled me to fulfil the professional roles of therapist, supervisor and tutor and to more fully understand and identify with human struggles.

Since beginning this thesis certain important roles have been lost to me and with the end of this PhD in sight, I am aware of the need to adjust to a world which has significantly changed for me and consider what is worth committing to and what will provide meaning and purpose. As always, Kelly (1991) provides inspiration and meaning for my life:

“The objective is for man continually to determine for himself what is worth the price he is going to end up paying for one thing or another anyway, to keep moving towards what he is not, - surmounting obstacles as best he can – and to keep on doing both as long as he has something to invest”(Kelly :1980 p20).

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APPENDIX

**APPENDIX A.....Information sheet and
covering letter for Study 1**

**APPENDIX B..... Consent form for Study
1**

**APPENDIX C Interview schedule for
Study 1**

**APPENDIX D Information sheet and
consent form for Study 2**

APPENDIX E Transcript for Study 2

APPENDIX F..... Publications

8 APPENDIX A

Dear

Thank you for your interest in participating in an interview for my doctoral research on the subject of values.

I enclose a brief outline of the study together with a consent form which describes the conditions under which the research will be conducted and hope that these will be acceptable to you. If you would like to discuss any of these issues, please contact me at the address or telephone number given below.

Your knowledge and experience of counselling and psychotherapy would make a significant contribution to my research and I would be extremely grateful for your participation. If, after having read the enclosed information, you agree to take part in the research, please return the consent form in the enclosed stamped addressed envelope and I will contact you to arrange a mutually convenient time for an interview.

Yours sincerely

(Edith Cormack)

[REDACTED]

Edith Cormack
PhD student
Department of Health and Social Studies
Abertay University
Dundee

Values are an important part of human life but their role and function in the practice of counselling and psychotherapy is not well understood nor well researched. Although it is generally acknowledged that claims to value free therapy are fraught with difficulties, little is known about how therapists manage values in their professional practice.

My study aims at identifying the values which practicing therapist describe as important in their work and exploring the role and function these values have in professional practice.

In order to carry out this study, I would like to interview practicing counsellors / therapists from various theoretical orientations with at least four years experience and who subscribe to a professional body and its code of ethics. Participation would involve one face to face interview of an hour's duration which will be recorded and transcribed. Apart from the investment of time, there would be no disadvantage to the participant but it would provide an opportunity for self exploration and reflection.

All interviews would be strictly confidential and every effort taken to preserve anonymity and volunteers would have the right to evaluate and discuss their contributions and withdraw from the study at any time.

Further information can be obtained by contacting the researcher at the Department for Health and Social Studies, Abertay University, Dundee.

9 APPENDIX B

Consent Form for Study 1

Area of Research: Values in Therapy

Researcher: Edith Cormack MEd; M.Phil

I, (name)

have understood the nature and purpose of this study, and what contribution is required of me.

I also understand that:

- 1) My anonymity will be preserved in that any information I provide during this interview will not lead to my identification, and that all possible steps will be made to ensure that any information which could lead to my identification will be withheld**

- 2) I will be given an opportunity to discuss the researcher's interpretation of the interview content**

- 3) I am free to specify any information which I do not want to be included in the research report and I am also free to withdraw from the interview at any stage.**

- 4) The interviews will be audiotaped for data analysis and once this is completed, the recordings will be destroyed**

Signed:

Date:

10 APPENDIX C

INTERVIEW SCHEDULE

- 1. Tell me about your choice to pursue a career as a therapist.**
- 2. What values characterised your family and upbringing?**
- 3. What attracted you to your theoretical model?**
- 4. How would you describe the ideal therapist?**
- 5. What are your thoughts on the role of values in psychotherapy?**

11 APPENDIX D

Edith Cormack
PhD student
Department of Health and Social Studies
Abertay University
Dundee

As part of a doctoral research project, I am exploring the values held by practicing therapists and the ways in which values are managed in therapeutic practice. I would like to listen to a recorded interview of a therapy session between a counsellor / therapist and a client with a view to identifying the values which are expressed in the session and exploring how these are managed by the therapist. Your therapist has indicated that you may be willing to participate in this project and I would very much appreciate your permission to listen to a therapy session between you and your therapist. The session would be recorded and transcribed but neither client nor therapist would be identified and all effort will be made to ensure that no personal information is included that could be associated with either.

I would greatly value your input in this venture. If you are willing to take part in the research project, please complete the attached consent form in collaboration with your therapist. If, at any time, you decide to withdraw from the study or wish to discuss the implications further, please contact me at the address above.

Consent form for Study 2

Values in therapy

I, understand the aims and purposes of the above study and agree to participate by providing an audio recording of a counselling interview for the purposes of analysis.

I understand that:

- 1) all reasonable steps will be taken to ensure that I will not be identified in any written record or published document**

- 2) I can withdraw from the study at any point**

- 3) the tapes and transcripts will be destroyed when the research is completed**

Signed: (Therapist)

Signed:(Client)

12 APPENDIX E

Person Centred Interview

CI: Well actually I feel quite a bit has happened to me since last year and I've actually had a week off with Woody and put things together and it began very very badly we were actually almost splitting up at this point but it seems to have now turned round because we kind of got to that point where it was a real sort of make or break moment and we both decided we were still in it but since then things have really seemed to have improved a lot more effort into things so it does feel like a big a lot has happened

1. Th: Both recognising the investment would that you are both making would that be it?
2. CI: Yes definitely, certainly from my point of view I know that I definitely felt like that. We just got to a point where we were talking about some of the things we touched on last time and we feel we have a lot of differences and different ideas about the future in a lot of ways for example he is quite ready to settle down and start a family and I don't, I would like to do some more travelling and he doesn't, these are the kind of issues that we are hoping to deal with all the time so it very much, I felt that if you had seen it on paper it would really have felt like it's a lost cause you know own yeah this is really not working out but the feelings that were there, were very different and you know we both started to ask the questions well why are we still here we've known these things for a while why are we still here and you know he was very much we didn't feel ready to give up on this we still felt a lot of love and a lot of positive feelings were there and I certainly felt that again that kind of investment I feel it just doesn't feel like I just to turn and talk away from it at the moment whether it is just the wrong time I don't know in a years time maybe we would feel like I don't know but certainly at least felt the same about one thing which was that we don't feel ready just give up here and now
3. Th: So you kind of agreed that the relationship itself was worth ..and were left with the challenge of how can you reconcile the difference
4. CI: Definitely which I have no real clarity on to be honest and I think this goes back to some of the problems that I first presented with is that we can feel like this for a time and we can feel its worth it lets hold on but how long until those differences again becomes a bit too much right to the forefront again and
5. Th: Is not enough actually just to sustain you... you have to find somewhere to look at these differences
6. CI: One step that we have taken and we have both agreed is we don't I mean we will talk about investment in relationships and we do feel but when we actually sat down and looked at the timing that we were spending together lists in a lot of ways and I know this probably sounds quite regimental but we kind of agree lets agree a day a weekly; lets set that aside and its definitely be you know you and me time and I think the reason came about because we thought give it a go and do something positive if we both just sit and about and not make an effort we may as well just call it a day

7. So I've got mixed feelings about it because part of me wonders whether is it just a temporary measure have we both just got frightened because the fact that we could actually finish here and we you know em too scary just to hope that something turns up
8. **Th:** it's not really realistic to hope something like that?
9. **Cl** I think it really felt like that we hadn't come to a point where it was so unbearable was like we need to be out of this em you know we are not sort of, nothing so negative about it ,its just a kind of general you know worry or is this going to work out and we've got these differences and what's going to happen I think it is not enough to face you know lets call it a day although there are differences. But from looking from here into the future – it may work out, there is some hope. People may compromise.
10. **Th.**Can you sort of trust what life will throw up and it might throw up a solution and your not quite sure
11. **Cl:** desperate ... I don't know you know that is a feeling that comes back to me clutching into straws
12. I suppose I've been trying to do what we talked about this feelings and the way that I feel and I've got to say that ever since I've started doing that I can feeling mostly okay and feeling positive about things em and the feelings that I have at the moment are so kind of optimistic and positive that it just feels like I think there is quite a big distinction between my head and heart I know my head is just starting to think are the danger signs here desperate but I want to just trust the fact kind of on just feels like the right think to do at the moment
13. **Th:** a feeling that you are on track is growing on you and sits well with you You believe this and you want this to grow and you look from your head I wonder and don't know how to do something and more sort of
14. **Cl:**Yes definitely I think the head is the part that will give me something to worry about so it will always be thinking about at this point you know that this might happen and try to kind of learn kind of move away from that sort just trust what is happening and if that happens then see how I will be when I get there stop trying to second best things all the time and notice I have mentioned this before is that feeling gone through my life these are the things that I don't want to happen so I am going to do a b c and stop d e and f happening and you know fully believing that I have that kind of control that I could do that so I think this is a kind of new experience for me when I start to think d could happen no matter what, you know stop worrying about that happening and spoiling a b and c if that makes any sense
15. **Th:** So are you saying trusting the process of life really and not trying to control it so much
16. **Cl:** Yes definitely. That does feel like the big thing for me its like I want things you know things I've heard from other people, lot of opportunities things they've done. I feel that I have to avoid that happening yet it seems to spoil here and now because I am so busy trying to make sure that it will be okay what ever 5-10 years down the line I feel quite frustrating that I have that effect feeling now so much.

17. Th : That sounds really important to you then? That insight
18. Cl: Yeah it does. It feels quite scary the thought kind of letting go there is a control element of my life and definitely feeling letting that go and just sitting back and thinking lets look it feels quite a strong feeling attached to it would be quite a change for me scary at that point
19. Th: Used to feeling more in charge and taking charge
20. Cl: Trying to think it really means things I keep going back to and almost is and I think I might have touched on it before and it was my best friend from school it also seems to rear its ugly head a little bit like the other I feel like I'm trying to prepare myself and it gets to a very dangerous level. I feel what I miss ties into this issue I think because I think I have a picture in my head helping a goal for a certain amount of years maybe finish university do some travelling, working with people, getting into some sort of volunteer teaching that side of things whereas I feel that things have kind of come in that have been out of my control where I haven't finished my trip because of my boyfriend bad because Woody hasn't I've had to make compromise as part of the relationship maybe about where we live and keeping in touch with the family and that sort of thing and I felt I would like to be my family and the reason I'm bringing up my friend is because I just know that she has done it the way that I would have wanted to do it and I think that feels ...I feel that really strongly and that's what comes up for me in this issue of if I could have controlled things I could have made ...done it the way I wanted to ...and feel oh so clever and been oh so smug that I did it just how I wanted it because despite me wanting it to have that control I haven't had it because of these unseen forces or just because of the way maybe compromised on things in the relationship and things like that and so that's where the scariness feels so do I just go with that see what happens but I find it difficult when I see her maybe do the things the way I would quite like to
21. Th: You see her as she seems to be doing it right and person you compare yourself with now what is that you see that she does right?
22. Cl: Its definitely confidence aspect that she would just know what she wants and she will go for it and but I just feel that when we both left university we were in a different positions and her boyfriend went and lived together and he was quite an independent person and she actually went home to live there for a while whereas this was when I was starting my relationship with Woody and he wanted us to move in together and he wanted us to and I think I kind of thought its quite exciting well move in together and it wasn't like I was forced against my will but part of me feels like if that hadn't been happening I think I would have gone and lived at home for a while and I think that would have been quite important for me
23. Th: to live at home for a while?Cl: just I feel that I have left at 18 you know wanting to leave to go to University never thought when I left then I would never then go back I didn't feel that was I really felt, having been so close to my family I loved the area that I grew I think also been influenced by my sister went away to University and then she came home and while she was trying to sort out what she was going to do with her life and this period at home and that just feels like this lucid thing to me that I never experienced and I think there is the protection that that would have given me I just feel that I could have gone home and this is just a big dreamwork I would maybe have time to take stock of what I wanted to do and I would have had that kind of upfront there you know if I needed to live at homeland not pay rent to do some voluntary work and get me into sort of what I wanted to get

into whereas my strong feeling is the hard way you know very much six months into a relationship is like you and me on our own living on her own we all make her own way we have to get temporary jobs in the city we have to pay rent for this flat we had together and

24. Th: you kind of bought into this as right?

25. Cl: Yes and yet it doesn't suit him well and I think this is I really want to talk to you about all of this today because it started to become a lot clearer to me that this is where these differences this is the very root that this has come from and I wonder and unfortunately I think the easy thing for me to do is to compare with a friend to we bobbed along together the first kind of decision we made differently was maybe at a point where she maybe went home

26. Th: This is the one you regret now. You cheated yourself of a grounding

27. Cl: Again that is quite a strange experience this always seems to come back to me regret had sort of thing I don't know if that was true

28. Th: Yes ...

29. Cl: I don't know if I do regret I think the sadness is that that didn't every come to a point I'm not to be flippant about but I think

30. Supposed to absolutely. It feels that its such an important point even looking at that I don't regret it, I don't actually regret it so I don't know why its there for me.

31. Th: Something around there is a sadness there is something a suggestion that although it wasn't your idea, his idea, you went along with it, is there in something about slight disappointment in yourself that you didn't have your own idea about what to do that you

32. Cl: Yes I think there is definitely something there I am not sure its pointless but I think there is a frustration actually with myself in that I have got a real tendency. I don't like to be on my own. I don't like to do things by myself and whether this is a confidence issue I am not sure so I always kind of take this easy they've got a strong opinion got a strong feeling about so I will go with that and there is also something about something strange values of kind of a sense of duty or kind I've got to fit in with this type of person and in that I know what he would be it didn't feel like an option for me maybe if he had been a different person I would have felt that I could have said to him lets have a think about this is this definitely what we want, is that what we both need but he is quite a needy person and I think we touched onto his family troubles and he thinks needs that kind of stability and he wanted to be with me all the time and I felt that I should go along with that because that's what was expected of a relationship

33. Th: : Duty to?

34. Cl: And I didn't feel I had an option there.

35. Th.: This is how you see yourself in any relationship if he has got a need then your role is to fulfil that need and not notice what your relationship is are

36. Cl: I would like to amend it slightly. Unfortunately what happens is I go with that persons needs and see all this sense of duty and expectation that's is what should do so that's what I do, but I don't keep quiet about that and then honour that decision Its almost like it will come out straight away then that I given yes or I'm thinking of the travel earn my duty to constraint dreamed of staying on myself doing anything else yet it became apparent only weeks later that it was like, so its not putting myself down one or the other or at least sense of duty don't but I will make this one gesture and the resentment and I'll make that known. If feels like a huge amount of stuff actually really now really tucked into so many big important areas for me and I feel like there is try and fit it in with somebody's else's needs or maybe not voicing on my own until you know afterwards then there is the feeling of not maybe having the confidence to do something by myself and recognise this is what I want... some sort of difficulty around that for me it just seems easier to fit in with whatever else has gone wrong
37. But the first thing is, it conflicts with number two in that I want to have that control. I want to be able to have that tendency to say, so I think I have things in my own head where I feel like I need to go travelling after university because I don't want to end up in a flat which I have done that's luckily Woody's If I said that's what I wanted to do and luckily Woody said that's fine you can go and do that but he maybe said I hate the idea of that I need you not to go, please don't go that tendency frustrating with me to say maybe I might
38. give it up
39. Th: Your longings ?
40. Cl: To respond to this I think
41. Th: at the same time you know that's a very conflicting giving up because you wont let it rest you can't let go so you carry that forward but didn't get to do it
42. Cl: Yeah that's exactly it.
43. Th:How do you feel about it? (long silence) Anguish.... and you lose either way but you yours culminates in the feeling that you can't win
44. Cl: Yeah that's really is what is at the core the importance is striking at the core of what then becomes the differences my possible goals, his need the more I resent the more I am going into relationship or I'm just going to go travelling as cracking point the more I was quite interested in what we talked about last week this a threat to him as well that I may go off and do some travelling I know back home with my family that's all kind stirs up in this big pot rest between the two of us because I think that's why these things jump out I cant do this and I think on top of that this is where the link to my friend comes in how she is managing to do this, she is managing to balance being married to this person so much commitment yet at the same time her dreams are in that and completed embedded with that and that is the kind of goal
45. Th: How do you know she has the key? How is she doing?
46. Cl: I think she has actually that she is being selfish a lot of the time which might sound actually quite a mean thing to say you know there is a lot of it that's good and there is part of it that's bad sometimes it has been detrimental to me for example I felt the after effects. She wanted to do something for herself and a lot of positivity about the fact that she has stuck to her guns on things that she has wanted so she has

47. Th:I am very interested selfish – it's up for grabs.. em but she sets out too pursue her own needs and dreams and she is connected with what she wants and sometimes that upsets other people and you can in some way look at her behaviour calling it selfish as in she is not paying attention to other people and that's bad in your book; that's not nice
48. Cl:When you say in my book for me its not allowed, yes I think that's true but I probably end up being worse in the long run so I go back to a sense of duty that feels that's not allowed in the first instance but of course it just comes back anyway I think I'm probably more hurtful in the end Poor Woody has a daily reminder of you know - the talk always comes back to the travelling and he knows that all the time so you know Don't wantand I think that comes back to the fear and the confidence.
49. Th: angry, really angry
50. Cl:I am aware its been quite awhile since my last session really been there is that fear in me hurting somebody else I don't want to hurt somebody else there is a real fear around that yet I am aware I am actually hurting somebody more with my actions and I think that is what is apparent Laura my friend would take that chance maybe if I had taken that chance in the first instance to say to Woody actually you know what I don't think I can do this I can come home with you it just doesn't feel right and just know I am going to have to say selfish and maybe that I am not willing to face the consequences of doing something like that
51. Th:What might be the consequences?
52. Cl:We might split up on the spot other people might have talked about me his family might have talked about me and said what a bitch how selfish of her and I may have regretted it, that's another consequence and yet you know Laura
53. Th:Regrets coming in any case .Say more about Laura
54. Cl:I was just going to say I don't think Laura was where my thinking and the worrying of the future what would happen if I do this clouds the action I should take where she may have just said, I cant do this sorry this is me I cant do this like it or lump it attitude. If they didn't like or there meant to be if they do like it well great, she is true to her feelings - they to hurt and that feelings that something I haven't been able to
55. Th: The consequences are all....
56. Cl: When you think of the consequences you get scared and go off and do the right thing, the dutiful things the good things and yet here banish the idea of corresponds with your feelings and needs
57. The feeling of upset cause conflict I don't want both accept people mainly but also events or I don't want I suppose its peoplespoils....
58. Th:Can you tell me when you upset people?

59. Cl: I feel terrible guilt and a huge part of that, the responsibility that comes into it I think that comes into this power to greatness of the person and really get in tune with that because it's a real
60. Th: Yes there are. You feel duty
61. Cl: Something that I've had look at counselling mentioned last week is that unless you are involved so quick to jump in to the rescue role response the actual crisis other things kind of go out the window and even the way I really feel about something in this kind of crisis this has happened and I've got to respond to you in situations
62. Th: You put yourself on the back burner and out comes the rescuer and the good person that does good and thinks of other people. It sounds terribly deep feeling for you the also deep accusations – that's not allowed. You might be being selfish and only thinking of yourself?
63. Yeah that to say that even though there is no real meaning selfish that even that holds that and
64. Th: what do you think selfish might mean?
65. Cl: I don't know actually. I pride myself as being ...so I enjoy looking into childhood where these things come from and I would say it definitely it must be part of the way that I am brought I know that my brother and sister we all have an issue we tend to be the ones that are let down by a friend even if we take superficial you make an arrangement with somebody, somebody lets you down and cancels at the last minute and the others have experienced that with various friends its something we've been taught not to let others down and wouldn't you we are all whereas others
66. Th: Quite dismayed when other people give themselves the freedom to change arrangements and what are they doing if they hurt others?
67. Cl: It starting to see that must however you know subtle that was I don't know how that came in must be part of our makeup and I know that em another friend of mine from a very early age, who I am in touch with now, there is such a different upbringing that really conflicts with the fact that it was very much like you go out and get what you want you go out and get it whereas we are always taught to consider other people and sometimes I have kind of resented the fact that she could just go you know I think the freedom that he gave her maybe not that she sometimes maybe she would hurt other people to get that, but I think the one thing that really stood for me she didn't care what other people thought and that is a huge difference to
68. Th: Your eyes light up – can I give myself permission?
69. Cl: Just not care what others think or do that would be just a huge I just couldn't
70. Th: I catch in your face a little mischief! Could I just do what I want? Might I?
71. I think the complication there could I do what I want is I want people to like me so the doing what I want is to worry about what other people think on the understanding that is where my self esteem you things and go out for themselves and certainly you know I see something know en we've talked about this rescuer I want

to be that rescuer because I want somebody else to think how great is Gemma how great with fantastic friends. Until that is what I want but yet I can look at other people who would disregard what I wanted there is something that I want because I feel its given me freedom to get and go what I wanted out of life but maybe I am sitting here with a few you know em or do I regret this and the relationship with Woody goes right back to the fact you know I don't want to feel guilty and yet what I end up doing is to try to avoid that and avoiding consequences it become like something that's there all the time and the so rather just having a major I am not going back dealing with it there and then its underlies everything in the way that causes more hurt and more upset because so

72. Th: You are kind of angry with yourself because you could not say no to Woody. You have messed up your own dreams. You had to follow the good girl.
73. Cl: But I think I have learned so much what's worrying me now is I am getting to a stage and I do think I'm getting better really what I want I think I have become more selfish and I am really selfish horrible person more selfish in the fact that I thought I am going to say no to that person because of me and I feel that really need to do yet in some ways it feels too late to address these issues that go quite far back, because for me now to say to Woody that I realise now what I've always wanted is to at home period it doesn't seem like a viable option now five and a half years into a relationship to say I am off to live with my Mum and Dad and even to me now that's not what I want
74. Th: You wanted it there to see you might the right thing to do you had kind of say goodbye to it now is that what you are saying gone for the moment so you can't repair and what about your splitting up kind of choices that you are making right now?
75. Cl: I feel that lot of the choices are making I feel that I am in a job that I never wanted to be in, eh and I feel like because of that I am having to study part time to try and get vaguely something that I want to do and back-peddalling also because we had taken this decision to go off on our own, move away all our family be financially independent that there is not the option for me to say okay part of what I need to do is go back to study fulltime or to travel for six months there is all the financial implications that now come with that but that's relates I feel my friends were maybe able to do that by using some of the families kind of options and you know a win / win situation the families love to have them there and they love to be there you know to a lot of what I'm doing in the present in choices now are really positive in the fact that I started to make the changes and think about what I want but it feels like this is where frustration comes in when I look at my friend because she did this about six years ago she already reaping benefits from that and I feel that my life is muddled and still like I don't know what I want to be doing and making positive changes but is it really enough?
76. Th: Things have gone too far down the line on the wrong track and in the wrong place geographically. Now in your isolated so you are already paying a heavy in price for this decision to be made six years ago and you don't know how to get back on track
77. Cl: And being part of relationship only adds to that being part of the reason Woody came to this and said then lets just call it a day decision was I'd like to be nearer my family not necessarily now maybe not in the next year or maybe not in the next two

years but it is still that same thought I am really never going back to be near them you know six hour drive away I am never going to be nearer than that and that does not sit very comfortably with me it is always feeling this is temporary make the best of this but

78. Th: Asking yourself why I want to be there and in not there why
79. Exactly and yet part of that is the frustration that comes along well Woody would just say I never intended to go back to your home town and there is the desperation of me kind of saying if we are a few hours away England you choice and its like no I want to be in Scotland this is where I want to be, so there is that real frustration and yet there is also the feeling that I don't think he is being completely unreasonable I think he is being quite unreasonable but I also think from his point of view that's seems like a strange thing to do now you know after being together five or six years we've built our life together, bought a flat together we have careers, we have got friends here in Edinburgh but built a life for ourselves why in all honesty really just say well okay well go back to England small Welsh seaside town you know there is nothing for him there and I am talking about the family his regard for the family is the same as mine so near the family do
80. Th: Something about a sense of value sadness and feels decision the consequences..... foreign country far away from home and yet and you have a mobile life style.....because of that decision that's important
81. Cl: and I think about how that feels. Its just maybe just said this kind of desperation in myself what about this could we try that what really bothers me about this situation is not that I am here in Edinburgh, not that I am with Woody always it comes back isn't actually a regret about what I'm doing and I honestly don't know what I would do given the choice I've got this sneaky suspicion that if he turned round to me tomorrow and said you know, I have been thinking how important is this for you and that for six months you go where..... I've got a sneaky suspicion I would say woe hang on, but it almost like I don't want I hate the fact that he comes back to me with a such a final its like never going never going to want to travel again now for me

13 APPENDIX F

Edith Cormack explains how George Kelly's Personal Construct Psychology provides a way of integrating practice at the level of meaning-making

Fifty years ago, the American psychologist George Kelly published his seminal work on Personal Construct Psychology¹. In an age where behaviourism held sway, Kelly proposed a theory which was radical and revolutionary. He questioned the psychological theories of his day and their focus on behaviour and measurement, and proposed a theory of man as an active, meaning-making creature, intent on making sense of his world, rather than a passive reactor to external stimuli.

His theory also challenged existing notions of a stable, knowable reality that could be discovered and tamed by the application of scientific methods. Instead, he put forward a theory of a world that could be known only through man's perception of it. And a fundamental assumption of his theory is that people strive to create an understanding of their world by placing their own meaning on the events with which they are faced.

13.1 Transitions

Psychotherapy is a profession in transition. The modern dream of an ultimately knowable reality which psychotherapists could use as a basis for their interventions has now come under scrutiny and criticism from many sides. Whether or not we consider the present time to represent late modernity or post modernity, we cannot fail to recognise the effect of the disintegration of the 'grand narratives' and the challenge to previously conceived notions of objective reality and truth. Psychotherapy has not escaped this post-modern trend, and many of the previously accepted ideologies and assumptions that formed an essential part of the therapeutic process are now being questioned.

An example of such challenge is the questioning of the suitability of a training which focuses on a single theoretical model and its appropriateness to meeting the complex demands of a post-modern era (as witness the recent debates in *CPJ*²).

Van Maanen³ (1988 - 1999p36 in Kvale) criticises the purist models of therapy claiming that: 'confident possession of some grail-like paradigm is at best a passing fancy or at worst a power play'.

Legg⁴ (1998) accuses counselling of having remained in the realms of modernism while society has moved to a more constructivist, post-modern perspective: 'Counselling has retained its commitment to theories, thus staying rooted in the psychology of the 1940s and 50s. By the middle of the twentieth century, academic psychologists began to lose faith in universal

models as they collapsed under the weight of contradictory evidence and conceptual analysis.’(p3)

However, an adherence to modernistic notions of reality and a knowable world may make it very difficult to understand men and women in a post-modern culture with its plurality of values, toleration of diversity and rejection of truth claims.

We need a framework that can provide new ways of defining the world, the person and therapy.

Since no single theory is likely to meet the complex needs of an individual who seeks to make sense of him/herself and the world s/he inhabits, what is needed is a meta theory which is compatible with post-modern values, while remaining free from the truth claims of the grand narratives. Such a theory can be found in George Kelly’s Personal Construct Psychology (PCP).

13.2 Meta theory

Personal construct psychology is not a theory of counselling. It is a meta theory that helps us understand how we make sense of the world. Looked at this way, it offers us a way of doing therapy which is theoretically integrated and technically eclectic, and Kelly⁵ maintains that a therapist working from a PCP perspective could employ ‘a huge number of procedures – not helter-skelter, but always part of a plan for helping himself and his client get on with the job of human exploration’. (1969i p221/2)

Fundamental to PCP is the notion that all our interpretations of the universe can be replaced: whatever exists can be reconstrued. One of the strong tenets of PCP is the claim that people are able to put different meanings on life events if they are prepared to consider such alternatives. This gives rise to what Kelly called Constructive Alternativism⁶: ‘Whatever nature may be or however the truth will turn out in the end, the events we face in our lives day by day are subject to as great a variety of constructions as our wits will enable us to contrive.’ (1966b p1)

So the client with a construct ‘waste of time’ (as opposed to ‘worth doing’) may apply it to ‘negotiating with teenagers’ and will base his behaviour on that prediction. If, as Kelly suggests, he allows himself to consider alternative constructions to apply to the situation, he can then experiment further.

If a prediction is accurate, then the construct that gave rise to it is validated. If the outcome fails to live up to the predictions, then the construct is invalidated. So people test their predictions, modify, change or abandon those constructs which are not validated, while using the validation of other constructs to strengthen the predictions of other ventures. When people see no other ways of construing the dilemma, then they are likely to experience a degree of difficulty that may result in them seeking therapy.

A PCP perspective assumes that problems are caused when the client’s present construal of events is not adequate or appropriate and therefore prevents further development of the construct system. In other words, it is the meaning the client makes of his situation that causes the problem rather than the situation per se. The purpose of therapy is to help the client explore

the meanings s/he puts on the situation and create alternative meanings that can then be tested for viability.

It is worth noting that a PCP approach is essentially collaborative and reflexive – what applies to the client applies also to the counsellor. S/he too is testing and validating constructs.

13.3 Meta theory as integrative factor

Theoretical integration goes beyond a mere blending of techniques, and assumes that more possible outcomes will be generated than could be expected from what could be expected from a single theory which may not be sufficiently comprehensive to address the complexities of human nature and client types.

However, in order that an integrative approach does not become yet another system, we need a clear idea of what should be integrated. Norcross & Grencavage⁷ (1989) suggest that we 'need...a superordinate umbrella, a new conceptually superior theory'. (p234)

Although the views of psychodynamic, cognitive behavioural, and humanistic psychologies are often seen as contradictory, they are based on the common principle which is shared by all therapies – the commitment to transforming the meaning which clients have attributed to their life situations, themselves, and others. It is possible, therefore, to integrate different psychotherapies at a theoretical level in terms of the process of meaning making.

Meaning forms the heart of most forms of psychopathology, either in terms of unwanted, painful meanings or the absence or loss of meaning – which is considered to be one of the features of a post-modern society.

It is for these reasons that on our post graduate diploma course we use the philosophy of PCP as the integrating theory.

In their first year of the course, students are introduced to Personal Construct Psychology and also to three theoretical models of counselling – person centred, psychodynamic and cognitive behavioural. Three specialist tutors are involved in this enterprise. At the beginning of the second year, each student selects, from the three on offer, a preferred model of counselling which is consistent with his/her values and personality. Throughout the second-year students practise the integration of PCP with their chosen model. This integrating meta theory also facilitates the addition – in future – of aspects of other theories and other techniques, when necessary, in the interests of offering the client the best possible service, but at all times the therapist will choose her approach with the aim of exploring meanings.

13.3.1.1.1

13.3.1.1.2 Integration with models

Constructs are patterns or ways of looking at the world, so each of the therapeutic approaches focuses on the way in which the particular theory sees the world and makes sense of human beings - their problems and potentials.

Person Centred Approach

Within a person centred approach, problems are construed as blocks to growth as well as experiences of conditions of worth, which can prevent the person

identifying and developing his core constructs. The therapist offers an accepting, respectful and genuine relationship, which it is hoped will invalidate previously held constructs based on the experience of conditional relationships, and help establish a new self construct, which will open up new possibilities of self worth and foster more empowering relationships. The aim of therapy is to help the client recognise, own and express feelings and personal meaning.

‘The therapist is not the guru leading the client to health. Both the client and the therapist embark on an uncharted journey that will require them to enter unknown territory, to struggle, to bear fear and pain and hopefully to grow.’ (Faidley & Leitner⁸ 1993 p 6/7)

13.3.1.1.2.1.1.1 Psychodynamic approach

Psychodynamic theory places emphasis on ‘hidden’ meaning which influences behaviour below the level of awareness. Kelly’s notion of preverbal constructs illustrates his acknowledgement that there are certain conceptual themes that are not readily available to the client’s awareness. Within Personal Construct Theory, preverbal constructs are formed in infancy – or earlier – before the child has acquired sufficient language to label experiences and to make meaning of them. They may therefore lie in the unconscious, acted out rather than verbalised. In this way a construct may be used in adulthood although there is no verbal label attached to it.

Psychodynamic theory focuses on the meaning that childhood experiences had for the individual and their contribution to his/her present construct system. Important in this exploration are the constructs for abandonment, attachment and loss. How the client construes his/her biography and the meaning assigned to salient events in his/her life will be of significance to the psychodynamic therapist using a PCP approach as the client will be bound by the interpretations or meanings s/he places on these past experiences.

Many of the ways of understanding human functioning in psychodynamic thinking are enhanced by the lens of PCP. Defence mechanisms are not seen as a perversity of the client, but a result of genuine vulnerable points in the construct system. Introjection can be described as a person taking over the constructs of another group.

13.3.1.1.2.1.1.2 Cognitive Behavioural approach

Although Kelly denied that PCP was a cognitive theory, there are many compatible areas within CBT and PCP. Recent developments in CBT, especially the development of constructivism, have lessened the gap between CBT and PCP.

CBT therapists are not so much interested in what their clients are thinking, but the more elusive meaning they are assigning to life’s events. Guidiano⁹ (1987) points out that CBT is now less concerned with persuading clients to adopt other standards of truth and is more actively engaged in helping clients recognise, understand and conceptualise their own personal truths.

Although there are differences between the concept of a schema and a construct, schema can be regarded as a cluster of constructs (Neimeyer¹⁰ 1985d,) The aim of the CBT therapist using PCP as the integrating factor is to focus on thought patterns and help the client establish new constructs by encouraging him/her to behave in ways that provide validating evidence for the behaviours. However, PCP does not separate emotions and cognitions as

CBT does, maintaining that the dualism that separates these two does not serve us well.

Two specific and important ideas that PCP offers, and which our students also integrate with their chosen model, are tight/loose construing and permeability/*impermeability*.

Loose/tight construing.

A tight construct is described by Kelly as one that leads to unvarying predictions and resists alternative constructions. Obsessive Compulsive Disorders can be described as tight construing. Loose construing, on the other hand, involves making predictions which can vary in their meanings. Within a psychodynamic model, dreams can be understood as loose construing as these produce the most loose constructs which can be verbalised.

No one is permanently a tight construer or a loose construer. We all use both tight and loose construing in managing our lives. In some areas we construe tightly - perhaps we are more comfortable with highly detailed instructions. At other times, we need to construe loosely - when we are considering alternatives or speculating on future possibilities.

Habitual tight construers are apt to have rigid rules and absolute beliefs, clear ideas of cause and effect, and favour a regular and predictable way of living. The benefit of tight construing is that we can see connections and relationships between things and thus more confidently make decisions about the meaning of events. The disadvantage is that tight construing does not easily allow us to consider alternatives and new constructions.

The psychodynamic therapist using PCP might note that a bereaved client's habitual tight construing of loss is such that he will find it difficult to envisage a meaningful life without his dead wife. The therapist's task will be to help loosen tight construing and help generate alternative ways of thinking, behaving and being. A person centred counsellor, for example, can help loosen tight constructs by exploring the client's feelings. A CBT therapist presented with a client who doesn't like to eat in public will explore the tight construct 'I will disgrace myself', and look for invalidating evidence.

Loose construing, on the other hand, focuses on multiple meanings of events and different possibilities, but without being committed to any particular course of action. In loose construing, we like to dream, to theorise and to be creative, but we are reluctant to come to any conclusion or decision. Loose construing cannot be checked out because the client has difficulty choosing a course of action!

A PCP perspective encourages movement back and forward from loose to tight and back again to loose. Loose construing allows the client and therapist to consider wider implications and alternative meanings, but at some time, one of those alternatives has to be selected in order to decide what action must be taken to check out the hypothesis - a process of tightening. Tight construing allows the client to experiment and check out whether his prediction is validated.

13.4 Permeability / Impermeability

The idea of permeable /impermeable constructs refers to the extent to which a construct can incorporate new elements (you can't apply the construct 'abstemious' to a practising alcoholic, for instance!). 'Permeable' suggests that an existing construct may also be applied to new events ('abstemious' to a recovering alcoholic, perhaps?).

Permeability helps us tolerate the inconsistencies and contradictions of life. 'Impermeability' suggests an inability to encompass new situations and a reluctance to consider implications for the future. For example, a person-centred counsellor may observe that one of the client's core constructs – 'me as unintelligent' – is extremely resistant to change because the client has no construct for herself as intelligent. She will not move towards something that has no meaning for her. Such a sense of self could cause problems for the client in many areas of life, affect her self esteem and may constitute a block in her self-actualising tendency. Permeable constructs allow us to consider alternative ways of construing, while impermeable constructs restrict us to familiar non-threatening situations and an avoidance of new challenging situations.

So one of the therapist's goals is to help make constructs as permeable as possible in order to accommodate alternative construing.

13.5 Conclusion

Kelly viewed therapy as an accelerated form of personal development which should make people come alive. (Neimeyer & Baldwin¹¹ 2003 in the Handbook) It is a way of getting on with life, of creating meaning and of exploring and experimenting with different ways of being in the world. For Kelly, people are limited only by their imagination in formulating new possibilities for their lives.

By placing man as the inventor of himself, Kelly's theory avoids the fragmentation, meaninglessness and hopelessness or radical postmodernism, and imbues man with the creative capacity to construe and reconstrue himself and his world. He defines progress as opening up the playing field for new voices and methods rather than trying to achieve closer approximations to the 'truth' about disorders and symptoms. Progress is making room for new stories, and PCP as an integrating meta theory offers us a way of orchestrating techniques, of evaluating our traditions and of understanding ourselves and our clients in terms of personal meaning making, whilst remaining consistent or compatible with the preferred theoretical model.

References (I will supply Ref 2 myself) – if I have got any of this wrong please correct! The same book mentioned later gets the previous superscript again – not sure how many Kelly's you are referring to!

Style:

Surname Initial. Title. Place of publication: Publisher; date. (no page numbers needed) Do your best – I am always correcting reference lists so no problem if you do it wrong!

1. Kelly G. 1955?
- 2.
3. Van Maanen
4. Legg Charles
5. Kelly – different book?? 1969?
6. Kelly – 3rd book? 1966?
7. Norcross & Grencavage
8. Faidley & Leitner – does this quote add anything in the context??
9. Guidiano
10. Neimeyer

11. Neimeyer & Baldwin

Possible pull quotes:

'He defines progress as opening up the playing field for new voices and methods rather than trying to achieve closer approximations to the "truth" about disorders and symptoms'

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2. ***Eleanor***
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